STATE OF	MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		(82·a)
County //aspipugio	W.	Registration Dist. No. 303
Village or City Clary	ring, My	ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death		
2. FULL NAME A Bake	1 D. 10	aker.
(a) Residence: No. ———————————————————————————————————	(Usurplace of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED, WIDOWED, OR DIVORCED ("perite the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	III SA SIN	(Month) (Day) (Year)
HUSBAND of (or) WIFE of and	Baker	22. HEREBY CERTIFY. That attended deceased from
6. DATE OF BIRTH (month, day, and year)	1230. 1859	I Jast saw h en alive on Sefet 37 1936; death is sail
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at
77 0	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	James Wark	Were as some as the conservation of the conser
9. Industry or business In which	The state of the s	
kind of work done, as SPINN R, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	à	
- this occupation (month and	11. Total time (years) spent in this	
year)	occupation	Dther Coatributory Causes of Importance:
12. BIRTHPLACE (city or town)	1. 1 OO.	Direct evaluation of importance.
(State or country)	id.	
II 13. NAME	rter o	
13. NAME  14. BIRTHPLACE (city or town)	ian Daring	Name of operation Date of
(State or country)	ma.	What test confirmed diagnosis? Bed Jule Was there an autopsy 20
16. BIRTHPLACE (city or town)	ua toud	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	1 cook	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Md.	Where did injury occur?
17. INFORMANT / 9 128	110	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	Meman	Specify makes injury securious in Medicinity, in Home, of all objets peace,
18. BURIAL, CREMATION, OR REMOVAL I	10 1 1	Manner of Injury
Place Carepres De	ite Neptr 6, 19134	Nature of injury
19. UNDERTAKER Aslan	Marfan	24. Was disease or injury in any way related to occupation of deceased?
(Address) +29g(rsta	www, ma	If so, specify
20. FILED 3 , 193 4	W Registrar.	(Signed) to the figure of the figure of the many many many many many many many many
If we blank	are needed, address Store Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example 1	1	Example II	
The principal cause of importance were a Arteriosclerosis	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial neg	phritis .	1921	Run over by street car	1 week ago
Cerebral hemorrhage	8 1934	July 5, 1927	Peritonitis	3 days ago
	V- 5-			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	for-	tate	PA-	
X	m of in	s plno	OCCU	
	iteı	sh	Jo	
	N. BWRITE PLAINLY, WIT UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	COR	PHY	ict si	
	r RE	Υ.	Exa	
5	LENT	TI	fied.	
I L	MAN	XAC	lassi	
BI	PER	E	rly	cate.
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MARGIN RESERVED FOR BINDING	TI	plno	may	TION is very important. See instructions on back of certificate.
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	03430
County_ Mashinglan	Registration Dist. No. 3 06
Village or City Leitelshires	No. Hagerston #5 St. Ward
Langth of residence is although the state of	death occurred in a happital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred of yrs mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Joseph & Ba	4R doll
(a) Residence: No. // Yagesstewn # 5" (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male white OR DIVORCED (write the word)	Sept 13 1934
5a. If married, widowed, or divorcad HUSBAND of	(Month) (Day) (Yaar)
(or) WIFE of The see & Stables	22.   I HEREBY CERTIFY. Phat I attended deceased from
Mary L. Supply	1934, to Sep /3, 1934
6. DATE OF BIRTH (month, day, and year) March + 957  7. AGE Yaars Months Days   If IFSS than	I last kaw h flive on
The state of the s	to have occurred on the date stated above 1/2 - 1/2 - 2/2 - m.  The PRINCIPAL CAUSE OF DEATH and ralated causas of importance
8. Trade, profassion, or particular	were as follows:
SAWYER, BOOKKEEPER, atc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation worked at this occupation (month and the same of the s	n. + Mine and the
9. Industry or business in which	There of my o con of
work was done, as SILK MILL, SAW MILL, BANK, etc	brought and by the same (and ) to
Spant in this	The state of the state of the state of
year)occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Mass Leuters lung MA	A T A TA
(State or country)	Substral of hip
14. BIRTIPLACE (city or town) Hashington G	age; low resistance
14. BIRTHPLACE (city or town) Maskington G. (State or country)	Name of operation
(State of country)	What test confirmed diagnosis? Jun. Lymphus Was there an au'opsy?
15. MAIDEN NAME anny Stephey	23. If daath was due to external causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Mashenalis Co.  (State or country)	Accident, suicide, or homicide? Date of injury, 19
M. Jan D. Dall	Whare did Injury occur?(Specify city or town, county and State)
17. INFORMANT MA JOSEPH S. Washelloll (Address)	Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	M
Place Green Hill Cemeter gate 9/16 1934	Mannar of Injury
Hay the life	Nature of injury
19. UNDERTAKER May of Anna	24. Was disaasa or injury In any way ralated to occupation of daceasad?
dell-14 24 Galley	(Signed) M.D.
20. FILED Local Registrar.	(Addrass) Mayner Var 19
If more blanks are needed, andress State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. z.

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	Example 1		Example II		
The principal cause of death and related causes of importance were as follows:		N. T.	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	7 - W har 8	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrit	is	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	City of 1900	July 5,1927	Peritonitis	3 days ago	
	V. S.	18			
1	MINERAU V. S.				
Other contributory caus	ses of importance:		Other contributory causes of importance:	1 1 1 1	
Gallstones		May 1,1923	Gastroenteritis	1 year	

(If death occurred in a hospitel or institu-tion, give Its NAME Instead of street

ADDRESS

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED BINDING WIDOWN OR OLVORCED I HEREBY CERTIFY, That I attended the deceased 6 DATE OF BIRTH IIf LESS than and that death occurred on the date stated above, at ...... 7 AGE l day hrs. The CAUSE OF DEATH \* was as follows: RESERVED 8 OCCUPATION (a) Trade, profession or particular kind of work pla (b) General nature of industry business, or establishment in which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) (Durstion) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE OF FATHER Causing Death, or, in RENT Violent Causes, state (1) Means of Injury and Accidental, Suicidai or Homicidal. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensstate CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place of death ......yrs........mos.......ds. In the OF MOTHER (State or Country) Where was disease contracted, if not et place of deeih?. Every Item CIANS sho statement usuel residence.... ACE OF BURIAL OR REMOVAL (Address)

If more bienks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on especially in industrial employments, it is neces-Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of approved by telanus) may be stated under the head of "contributory." American Medical Association.) "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (secondary Chronic interstitial nephritis, Whooping cough; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condior intercurrent) affection need not be Committee on Nomenclature Chronic " "Coma," "Convulsions, etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

of OCCUPA.

1. PLACE OF DEATH				120)					
C	ounty Was	hington	Liativa and				Registration		02
V	illage or City_Ha.	gerstow	n	(15			tt Avenue	St., E instead of street and	2) Ward
L	ength of residence in ci	ty or town where	deeth occurred						
2. FU	JLL NAME D	avid U.	Betts						
(	a) Residence: No.	637 Sum			St., 2	Ward.			
	PERSONAL AN	D CTATICT	(Usuai place		M	EDICAL (	if nonresident	give city or town and	d State
3. SEX		R OR RACE		RRIED, WIDOWED,	21. DATE OF			OF DEATH	
Ma.	le	White	OR DIVORCE	D (write the word)	21. DATE 01		Septembe (Month)	er 19,	., 193 4 • (Yeer)
HUS	rried, widowed, or divose BAND of Em	APPA 0000	etts		22. Augus	LER5B	Y CERTIF	SThat I attended	deceased from
6. DATE	OF BIRTH (month, day	y, and yeer) N	ovember	23, 1861	I lest sew h. TV	alive on	Dept. 14	1,34	; deeth is said
7. AGE	Yeers 73	Months 9	Days 23	If LESS than  1 day,hrs.  ormin.	The PRINCIPAL C	on the dete sta	ated above, et 7:00	OA <sub>m</sub> , es of importence	
- 8.	rade, profession, or po	erticuler		1 01 milk.	were as follows:	-			Date of onset
101	) kind of work done, SAWYER, BOOKKEE	PER, etc.	Retire			4	0		7
9. I	ndustry or business in work wes done, as S SAW MILL, BANK, of	which SILK MILL, To	diam Mi	aaianamu		mp	mose m	a	
	Dete deceesed lest wor			time (yeers)					
000	this occupation (mo	nth end	spe occ	nt in this upetion					
	HPLACE (city or town) State or country)	Frede	rick Co	unty	Other Contributor	CAUSES OF IM	Mic divi	divitis	9/11/3
13. M	NAME		Betts		1				
13. N	BIRTHPLACE (city or to	own)			Neme of operation	· · · · · · · · · · · · · · · · · · ·		Dete of	
	(Stete or country)	OII	MIIOWII		Whet test confirme	ed diagnosis?_		Wes there en	eutopsy?
I	MAIDEN NAME	Unkno	wn		23. if deeth was du	e to externei c	auses (VIOLENCE) fi	ll in elso the followin	ng:
<b>—</b>	BIRTHPLACE (city or to	wn)Unk	riown				***************************************	Dete of injury	, 19
Stete or country)			Where did injury		(Specify city or	town, county and Sta	ate)		
	Address) Hare	retun.	coer		Specify whether in	njury occurred	IN INDUSTRY, IN HO	ME, or in PUBLIC PI	LACE,
18. BURI	AL, CREMATION, OR F	REMOVAL	31.00		Manner of injury				
P	Hagerst	oun, Md	Dete Se.	t. 17,19 34	Neture of injury_		<b>4</b>	ح	~
19. UNDE	RTAKER Fred	W. Kra	iss		24. Was disease or	injury in any	way related to occup	etion of deceased?	Mo
		rstown			If so, specify		)-11-0-11-0-	A March	·
20. FILED	9-17-	19346	Kosto	Towers	(Signed)	JUL	KI NN N	1000	7. J. M. D.
		7		Registrar.	(Addr	ess)	THU TH	MUL	Irw

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			·

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	V

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	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. F	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSIC	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state	TION is very important. See instructions on back of certificate.
	TE	1 S	E	is.
	RI	tion	Sn	NO
H	1	ma	CA	TI

V. S. No. 1

(State or country)

15. MAIDEN NAME

(State or country)

(State or country)

18. BURIAL, CREMATION, OR REMDVAL

19. UNDERTAKER

13. NAME

17. INFDRMANT ... (Address)

(Address)

George M. Blair

FATHER

MOTHER

of OCCUPA.

ment

STATE OF MARYLAN	D—CERTIFICATE OF DEATH
1. PLACE OF DEATH	<b>8</b>
County Washington	Registration Dist. No. 303
	No. St., Ward  (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Fred Blair, (Stillb	orn)
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White 5. Single, MARRIED, WIDOW OR DIVORCED (write the w single	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased 444777
6. DATE OF BIRTH (month, day, and year) Sept. 28, 1934	accour.
7. AGE Years Months Days If LESS	than to have occurred on the date stated above, at 7.200 Am.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Date or onset
No. Trade: profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occuration (month and	STILLBORN 5/2 russ
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Clear Spring, Md	Dther Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_ 14. BIRTHPLACE (city or town) .... Pa. What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ Laura Helen Drury 23. If death was due to external causes (VIOL ENCE) fill in also the following: 16. BIRTHPLACE (city or town)

Place\_\_\_\_\_\_Date\_\_\_\_\_\_19\_\_\_

Registrar.

Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_ 19\_\_\_\_ Where did injury occur?\_\_\_\_\_

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.

Manner of injury

Nature of injury 24. Was disease or injury in any way related to occupation of deceased?

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	Zinam pres.
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance of i	4 N N/1,1925	Other contributory causes of importance:  Gastroenteritis  ER STATEMENTS BY PHYSICIAN	1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH

65	11	A	6	=>
U	J	4	J	3

1. PLACE OF DEAT	TH _		(57-2)	
County Mark	my ton		Registration Dist. No. 3	)6
Village or City	of Smithel	ing	No. St.	Ward
Landh of socidence in sit			f death occurred in a hospital or institution, give its NAME instead of street an	
	y or town where death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME	many your	- MILL SC	elle Down.	
(a) Residence: No	(Usual plac		St., Ward.	10
PERSONAL AN	D STATISTICAL PART		If nonresident give city or town a  MEDICAL CERTIFICATE OF DEATH	nd State
		RRIED, WIDOWED,	21. DATE OF DEATH	
Male Int	OR DIVORC	ED (write the word)	Sept. 17	193
5a. If married, widowed, or divor		yee	(Math) (Day)	(Year)
HUSBANO of (or) WIFE of			22.   HEREBY CERTIFY That I attende	d deceased from
	^ /		Sept. 17 ,1034,10 Sept1	2.,1934
6. DATE OF BIRTH (month, day	, and yeer) Sept. 1	7,1934.	I last saw h. Let alive on	death is said
7. AGE Years	Months Days	If LESS than I day,hrs.	to have occurred on the date stated above, et	
6. DATE OF BIRTH (month, day 7. AGE Years  8. Trede, profession, or pe	· 3 H	min.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows:	Date of onset
8. Trede, profession, or pe	rticular		1	Date of onset
kind of work done, SAWYER, BOOKKEE 9. Industry or business in			Tailure & Tovamen	
9. Industry or business in work wes done, es S SAW MILL, BANK, e	ILK MILL,		ovall to close.	
10. Oate deceased lest worl	ked at . III Total	time (years)		
- Ins oden bacton (mon		ent in this cupetion		
12. BIRTHPLACE (city or town)	Fran Switter	Lus	Other Contributory Causes of Importance:	
(State or country)	talk loo. Me	A		
12. BIRTHPLACE (city or town) (State or country)	Brown	/		
14. BIRTHPLACE (city or to)	Smitheten	y ruch	Neme of operation Date of	
14. BIRTHPLACE (city or too	Much les ser	4.	Whet test confirmed diagnosis? Was there er	
U IS. MAIDEN NAME	ear Fru.		23. If death was due to external causes (VIOL ENCE) fill in also the following	
16. BIRTHPLACE (city or tov	Leudobin		Accident, suicide, or homicide?	-
(State or country)	Mule Cut	suc (	Where did injury occur?	
16. BIRTHPLACE (city or tow (State or country)	1. Brown		(Specify city or town, county and S Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC I	ate)
17. INFORMANT (Address)  18. BURIAL, CREMATION, OR RI	sether bur ond	R. F. 8.	Specify Market Mysty Section 11 (15 Section 11) Section 1	LNUL.
18. BURIAL, CREMATION, OR RI	EMOVAL		Menner of injury	
Granelty - G.	au J Oate Sy	et 1 5 , 19 3 ,	Nature of Injury	
19. UNOERTAKER	1 By Iston	wn	24. Was disease or injury In any way related to occupation of deceesed?	
(Address)	with buy 1	2	If so, specify	. 1
20. FILED Sept 17 1	3x Golff 9	Transport	(Signed) Waller of Musles	M. D.
20.112203000	lo lo	Registrar.	(Address) & arguer 600	Pa

If more blanks are needed andress State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

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	Example 1	i i	Example 11	
of importance were as	of death and related causes s follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	816-1-1	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	001 8 1332	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.	Obesis Programme		
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. No. St., (If death occurred in a hospital or institution, give its NAME instead of street and number) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Day) I HEREBY CERTIFY. That I attended deceased from The PRINCIPAL CAUSEOB DEATH and related causes of importance Date of onset ----- Was there an autopsy?\_\_\_\_ 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_\_19 (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceased?. Registrar.

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	Example 11	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	,
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

7. S. No.

OCCUPA-

jo

1. PLACE O County\_\_\_\_

2. FULL NA

Male

5a. If married, widow HUSBAND of (or) WIFE of

6. DATE OF BIRTH

8. Trede, profe

(Stete or country)

(State or country)

(Stete or country)

(Address)

19. UNDERTAKER (Address)

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

S	TATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH 09495
LACE OF DEA	TH			157-2
County Was	hington	MITBAL		Registration Dist. No. 30 2
Village or City	Hagerst	own	(If	No. 36 N. Mulberry St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in c	ity or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
ULL NAME(a) Residence: No	Child o	f Josep Mulber (Usualplace	ry Street	ter John Eugene St., 4 Ward.  If nonresident give city or town and State
DEDCONAL AL	ID CTATICT			MEDICAL CERTIFICATE OF DEATH
PERSONAL AN	DSIAIISI	ICAL PART	CULARS	
	white    S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   Single			21. DATE OF DEATH  September 22, 193 6.  (Month) (Day) (Year)
arried, widowed, or diversity of the control of the	orced			22. I HEREBY CERTIFY, That I attended deceased from Sept. 22 1934, to Sept. 22, 1934
E OF BIRTH (month, da	y, and year) S	ept. 22	, 1934.	1 lest saw h im alive on Sept. 22 1934; death is said
Years O	Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 2:30 Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
Trede, profession, or p kind of work done, SAWYER, BOOKKE	as SPINNER,	Infant	Child	Failure of foramus valve to

9. Industry or business in which work wes done, es SILK MILL. SAW MILL, BANK, etc.\_\_\_\_ 11. Total time (years)
spent in this 10. Date deceased last worked et this occupation (month and occupation \_\_\_\_\_ Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) Hagerstown Md. 13. NAME Joseph Carter 14. BIRTHPLACE (city or town) Highfield Name of operation What test confirmed diagnosis? Wes there an eutopsy? 15. MAIDEN NAME Thelma McCleary 23. If death was due to external causes (VIOLENCE) fill in also the following: Hagerstown Md. Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19. 16, BIRTHPLACE (city or town) Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT Joseph M. Carter. Hagerstown. 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Place Hagerstown, Md Date Sept. 24,19 34 Neture of injury. W. Kraiss, 24. Was disease or injury in any way related to occupation of deceased If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis ACI S 1914	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
il BURFAU V. S.			3-49-
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	or- A-	STATE OF MARYLAND	CERTIFICATE OF DEATH 19436
	infor- state UPA-	1. PLACE OF DEATH	72-E) V
(30)	7 1	County Washington	Registration Dist. No. 350 2
(11)	should f OCC	WITWINGORPORATE LIMITE OF	ul Dack Ca Harri Kala 3
	shor of O	Village or City FT & Q & X S TO WY	death occurred in a hospital or institution, give its NAME instead of street and number)
		Length of residence in city or town where death occurredyrsmos	
	RD. Every YSICIANS statement	2. FULL NAME YOU Lawaya	Clipp-
	SIC ate	(a) Residence: No. 427 Clayenday	Agra Stward
		(Usual place of abode)	If nonresident give city or town and State
	RECORD . PHYS Exact sta	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	RE Exa	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
	HA	male Ville OR DIVORCED (write the word)	Sept 9: 1934
Z,	E T E	5a. If married, widowed, or divorced HUSBAND of	(Month) (Dey) (Yeer)
BINDING	PERMANEN EX A C T I Iy classified.	(or) WIFE of	22. A HEREBY SERTIFM. That I attended deceased from
Z	X X	2844.5	194, 10 7914 9 1924
BI	E E	6. DATE OF BIRTH (month, day, and year) Norch 20-1868	I last saw h AM alive on 19 7 ; death is said
	ed eerl	7. AGE Years Months Days If LESS than	to have occurred on the date stated above et # 12 _ C _ m.
FOR	IS A PE stated E properly certificate.	66 5 19. 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
	SISI	8. Trede, profession, or particular kind of work done as SPINNED	Date of onset
日日	THIS d be ty be k of	kind of work done, as SPINNER, HOSLER DER	Holekus Mislage - Jurily
2	ould may back	Sundustry or business in which work was done, as SILK MILL,	
百		kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and	V
RESERVED	H M to	this occupation (month and 4 spent in this occupation o	
R	AGE That that	ocsupaniones 13	Other Contributory Canges of importance:
Z	ADING d. AG s, so the	12. BIRTHPLACE (Sity or town) Na Y 1-25 to Wn.	April April 2
ARGIN	NFADING plied. AGI erms, so tha instructions	(State of Sountry)	Junitray Caura, syry
A.R.	WITH UNFA efully supplied in plain terms, ant. See instri	14. BIRTHPLACE (city or town) Na y les town.	1
1	H U sul	14. BIRTHPLACE (city or town) NOY 10'S town.	Name of operation
	IIIy slai	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
	WITH efully in plai	15. MAIDEN NAME Hannah Chipp.	23. If death was due to external causes (VIOLENCE) fill in also the following:
		15. MAIDEN NAME HOUSE Chips 16. BIRTHPLACE (city or town) Chayles Louis	Accident, suicide, or homicide? Date of Injury, 19
0	AT AT	(State or country)	Where did injury occur?
		17. INFORMANT MYS - Jennie Clibb.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	PLA hould OF D	(Address) Hagers town, and	
	sh E O is v	18. BURIAL CREMATION, OR REMOVAL D. VG	Manner of injury
	S. I.	Place Carlo 170wn. Date 2011 1937	Nature of injury
	-WRITE PI mation shou CAUSE OF TION is ver	19. UNDERTAKER AK CUL & mare	24. Was disease or injury why related to occupation of deceased?
10.1	TOT	(Address) Tagets four. Led	If so, specify
S. No.	m (T)	9-10- 3 & Johnsh Garoson	(Signed) M.D.
>	Z	20. FILED Registrar.	(Address) tag rulton Ita.
1570	ment		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
1000	-U VIII UUSA		

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURRAU V S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND	-CERTIFICA	TE C	OF [	DEATH
-------------------	------------	------	------	-------

64	64	4	0	t-th-g
U	J	4	J	1

1. PLACE OF DEATH	(83-92)
County Washington.	Registration Dist. No. 382
10	No. 337 No. Jonathan St. St., 5 Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number)  os. ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Charles Luther Cook.	
(a) Residence: No. 337 N. Jonathan (Usual place of abode)	St., S Ward.  If nonresident give city or town end State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male  4. COLOR OR RACE OR DIVORCED (write the word) Married.	21. DATE OF DEATH  Sept 8 193 34 (Month) (Dey) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Malinda Cook.	22. 9 - 1 HEREBY CERTIFY, That I attended deceased from 9 - 7 1934, to 9 - 8 1934
6. DATE OF BIRTH (month, day, end yeer)	I lest saw h elive on 9 - 7 19-3 4; death is said
7. AGE Yeers Months Days If LESS then 1 day,hrs	to heve occurred on the date stated above, at 5 : 30 . M . The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, es SPINNER, Store porter • SAWYER, BDDKKEEPER, etc Store porter • Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupetion (month end yeer) occupetion	6 esabest Herman lege 9-7-24
12. BIRTHPLACE (city or town) Richmond . (State or country) Va.	Other Contributory Causea of importence:
TI 13. NAME Unknown.	
HE 13. NAME Unknown.  14. BIRTHPLACE (city or town)	Neme of operation Date of Date of What test confirmed diagnosis? Was there en autopsy? 20
置 15. MAIDEN NAME Unknown.	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Unknown.  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Mrs Malinda Cook. (Address) Hagerstown.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR. REMOVAL Plece Rose Hill Cemet Date Sept 11 19 3	Menner of injury
19. UNDERTAKER Fred W. Kraiss.  (Address) Hagerstown.  20. FILED 9-10-, 19-34 Mass House	24. Wes disease or injury in any way related to occupation of deceased? NO  If so, specify  (Signed) U. J. Bowrne M. D.  (Address) Deceased M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II				
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephritis 001 8 1957	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago			
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.

STATE OF	MARYL	AND-CERTIFICA	TE OF	DEATH
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1. PLACE				
County				Registration Dist. No. 302
	City Hagers			No. 37 E. Washington. St., 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of re				ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL No.	717	V. Cox. Washingt	on	St., 3 Ward.  If nonresident give city or town and State
PERSO	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARR OR DIVORCED	RIED, WIDOWED,	21. DATE OF DEATH Sept 9 , 193 3 4
5a. If married, wid HUSBAND of (or) WIFE of		itt Cox.		22.   HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTI	H (month, day, end year)	arch 23	1876	Hast saw h en alive on left 9 , 1934; death is said
	Years Months 5	Deys 17	If LESS than I dey,hrs. ormin.	to have occurred on the date stated above, et5Aem.  The PRINCIPAL CAUSE OF DEATH end related causes of Importence were as follows:
9. Industry of work v SAW M 10. Date dece this oc year)  12. BIRTHPLACE (State or co		11. Total tir spen occur sburg.		Other Contributory Causes of Importance:
13. NAME 14. BIRTHPLA	Arnovis Ren			
(State		Md.		Name of operation Date of What test confirmed diagnosis? Was there an eulopsy?
	CE (city or town) Shar		Id.	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT (Address)	Nesbitt Hagers	cox.		(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREM	ation, or removal harpsburg, M		11 ,19 84	Manner of injury
19. UNDERTAKER (Address)	Fred W	Kraiss town	47	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  A Dorterfield
20. FILED	, 1965	group!	Registrar.	(Signed) / 3 6 W Washington flx.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
STOPPART V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Dr. Benkly

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Example 1		Example II	
The principal cause of dcath and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilcpsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Example 1	61	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage OC 6 1902	July 5,1927	Perilonitis	3 days ago	
BURBAU V. S.	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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	TIZ	no	SE	Z
	WE	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
	65	=		-
	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-		6	T
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(46)
county Washing ton	Registration Dist. No. 302
Village or City TYO O CYSTOWN.	No. Wash Co Home - St. 5 Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?mosds.
	De la Company de
2. FULL NAME CYQYIES YIENYY	Jana gn -
(a) Residence: No. 10 Customark (Usual place of abode)	St., 7 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male White OR DIVORCED (write the wird)	(Month) (Day) (Yaar)
5a. if married, widowed, or divorced HUSBAND of	(111)
(or) WIFE of	22.   HEREBY CERTIFY, That i attended deceased from
6. DATE OF BIRTH (month, day, and year) March 4-1863	I last saw h. Lim alive on 12 V 6 , 19 3 4; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at
71 (2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
2 Trade profession or partiaular	Carcinoma of Date of gnost
kind of work done, as SPINNER VELL YILLOY	Stomach -
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	(Cardiae End)
U 10. Date deceased last worked at 11. Total tima (years)	
this occupation (month and o spent in this UYS.	
12. BIRTHPLACE (city or town) Kagey Stown.	Other Contributory Causes of importance:
(State or country)	
# 13. NAME Samuel Dunahugh-	
13. NAME Samuel Junahugh- 14. BIRTHPLACE (city or town) tage y stown.	Name of operation Date of
(State of country)	What test confirmed diagnosis Places Ex 9- X Rouge there an autopsy? Wes
15. MAIDEN NAME OCYU S. MOYY'S -	23. If death was due to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) Haa a eys town	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Y LYS LOCK E JUN ahugh	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL CREMATION, OR REMOVAL	Manager 1, 2,
Place 10 gers town ludgate Dept 8 1034	Nature of injury
A'K Oakman	
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
9-8- 34/10/14/H3-010	(15) gned) O. H. Bukley M. D.
20. FILED Registrar.	(Address) Hagen town I'md
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes | Date of onset of importance were as follows: of importance were as follows: 1 week ago 1915 Attack of epilepsy Arteriosclerosis Chronic interstitial nephritis 1 week ago Run over by street car 1921 July 5, 1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis 1 year Gallstones May 1,1923

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE PLAINLY, WITH U	INFADING INK-T	THIS IS A I	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	infor-
mation should be carefully sur	pplied. AGE should	l be stated	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	state
CAUSE OF DEATH in plain t	erms, so that it may	r be proper	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	UPA-
TION is very important. See instructions on back of certificate.	instructions on back	s of certifica	ate.	

TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH County Washington			Registration Dist. No. 30 Z
Village or City Hagersto		(If	No. Washington County Hospitel 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME John H	. Ebber	t	R. F. D
(a) Residence: No. <u>Middleh</u>		e Hager	
PERSONAL AND STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX   4. COLOR OR RACE   White	OR DIVORCE	RIED, WIDOWED, D (write the word) TO TOEd	21. DATE OF DEATH  September 15 , 193 4 (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of		The state of the s	22. SI HEREBY CERTIFY, That I attended deceased from Sept. 12 1934 to Sept. 15 1934
6. DATE OF BIRTH (month, day, and year)	ugust 3	, 1875	i last saw h 102 alive on 52 pt. 15 ,1934; death is said
7. AGE Years Months 59 1	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 6.45 Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	spa ocat	ime (years) nt in this upation	Other Contributory Causes of importance:
	d.		
13. NAME John H. Ebbe	rt		
13. NAME John H. Ebbe 14. BIRTHPLACE (city or town) Wash (State or country)	ington Md.	County	Name of operation
15. MAIDEN NAME Anna Bow			23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Anna Bown 16. BIRTHPLACE (city or town) Wash (State or country)	ington Md.	County	Accident, suicide, or homicide? Accident Date of Injury Sept 17, 19 14 Where did injury occur? Madalahung Pule Togers for
17. INFORMANT Frank Ebbert (Address) Hagerstown,	Md.		(Specify city or town, bounty and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, Md	Date Sept	17,1934	Manner of injury Practice of skull
19. UNDERTAKER Fred W. Kra. (Address) Hagerstown	iss.	4	24-Was disease or injury in any way related to occupation of deceesed?
20. FILED 7 - 1 - , 19 9 4 - 0	noyTi	Registrar.	(Signed). M. D.  (Address) Hagers town lill.

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Example 1		Example II	
of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
DECEIVED	1915	Attack of epilepsy	1 week ago
hritis	1921	Run over by street car	1 week ago
H OCT 8 1984	July 5,1927	Peritonitis	3 days ago
	1		
I BUREAU V S.	13		
auses of importance:		Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
	SILVENIN S.	auses of importance:	The principal cause of death and related causes of importance were as follows:    1915

V. S. No. 1

STATE	OF	MARYI AND-	-CERTIFICATE	OF DEATH	
SINIL		MALICARD	CLIVIIIICAIL	OI DEATH	

09503

1. PLACE OF DEATH			93-0	
County Washing	rton.		Registration Dist. No. 30	22
Village or City Ha.g.	erstown		No. Washington County Home st	5 Ward
			f death occurred in a hospital or institution, give its NAME instead of street and u	
			ds. How long In U.S. if of foreign birth?yrsmo	sds.
2. FULL NAME	Barah Eyste	r		
(a) Residence: No. Cl	earspring I	District	St., Ward.	
	(Usual place		If nonresident give city or town and	State
PERSONAL AND STA			MEDICAL CERTIFICATE OF DEATH	
Female 4. Color or R. White		RRIED, WIOOWED, ED (write tha word)	21. DATE OF DEATH Sefet (Month) (Day)	193 (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of			22. A I HEREBY CERTIFY, That I attended d	
	, Fall Land	1868	1 laysaw her alive on Sept 18 1934	,
6. DATE OF BIRTH (month, day, and year 7. AGE Years Mo	onths Days	If LESS than	to have occurred on the date stated above, at 9.4 · m.	, ucatii is saiu
66		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular		ormin.	were as follows:	Oate of onset
kind of work done, as SPINI SAWYER, BOOKKEEPER, etc.	NER, Home Wor	ole .	Out wanted	
9. Industry or business in which			Contento s carotto	
work was done, as SILK MIL SAW MILL, BANK, etc.	.L,		Car my oranico	
kind of work done, as SPIN SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MIL SAW MILL, BANK, etc	Sp.	time (years) ent in this cupation		
12. BIRTHPLACE (city or town) Nes	dmore		Other Contributory Causes of importanca:  Aar Green Left Foot	dich
(State or country)	Pa		1 ( a to in the lands a)	0/12/2
13. NAME Samuel 1	Evster		(aspens)	
	Neadmore		Word and	
(State or country)	Pa.		Name of operation Oate of Oate of	
15. MAIOEN NAME Unkno			What test confirmed diagnosis? West Was there are all 23. If death was due to external causes (VIOLENCE) fill In also the following:	
16. BIRTHPLACE (city or town)			Accidant, suicide, or homicide?Oata of injury	
≥ (State or country)			Whera did injury occur?(Specify city or town, county and State	;)
17. INFORMANT Informati (Address) fr	ion gotten	from	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL			Manner of injury	
Place Greenspring	g Chapal Se	ept. 20,1934	Nature of injury	
19. UNOERTAKER Adrian 1	H. Rowland	/ 4	24. Was disease or injury in any way related to occupation of deceased?	w
9-19- 34	Lhrasth	Barren h	(Signed) D. HBurkley	M. D.
20. FILEO, 19#	July !!!	ower	- (Address) II - L	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance-were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis O -	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RHESSA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

BINDING

FOR

MARGIN

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH /6 , 1284 (Month) (Day) (Year)
l	17 I HEREBY CERTIFY, That I attended the deceased from
Ses- 16 19311	9 192 to 192
Month) (Day) (Year)	that I last saw h Afre on, 192,
	Ma L
IlfLESS than	and that death occurred on the date stated above, at
yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
yismios	
asion or	
of work	rue
re of industry	
or (employer)	(Durstion) yrs, mos, ds.
•	Contributory
") Augers lown mcl	Secondary (Durstign) yrs mos de.
1/	(Signed) M a. gordon M.D.
Jarry Fornell	192 (Address) Hugers Louis hip
0	*State the Disease Causing Death, or, in deaths from
ountry) Serellen worke	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
AME Welen Drown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
F ACCUSATION CONTRACTOR OF THE PARTY OF THE	ients or Recent Residents)
Ifazers lown mee	At place of deathyrsmosds. In the Stateyrsmosds.
untry)	Where was disease contracted,
TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
Halan tornell	Former or usual residence.
) / types foronteg	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Act 17, 1934
1 3d blacks	20 UNDERTAKER ADDRESS
19 T f Welf Backers	Harry Fornece Kyenlown
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Filed

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed should be used only when needed. As examples: (a) business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Civil engineer, Physician, Compositor, tion applies to each and every person, irrespective of report specifically the occupations of persons en-Foreman, or At Home, and children, For many occupations a single word or term on yrs). without more precise specification as Day Cotton mill; (a) Salesman, (b) For persons who have no occupation Stationary fireman, etc. But in many (a) the kind of work and also (b) the (b) Automobile factory. The inaterial Laborer-Coal mine, etc. Wom-Architect, Locomotive engineer, not gainfully em-Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by railsay train State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; etc., Chronic Careinoma, Sareoma, etc., of etc. valvular heart Nomenclature of the The contributory Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

TARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF	MARYLAND-CERTIFI	CATE OF DEATH	09505

1. PLACE OF DEATH			Registration Dist. No. 30	3
County Washing to	n			
Village or City Ernstvi	lle, Md.		NoSt.,	_Ward
Length of residence in city or town whe	re death occurred	LO_yrsmos	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Nabel	French			
(a) Residence: No. Ernst	ville, Mo	of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH	
Female 4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE Sine	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  September 14 , 193 (Month) (Day) (Day)	4.
ia. If married, widowed, or divorced HUSBAND of			(	1041)
(or) WIFE of			22. I HEREBY CERTIFY, That I attended decease	ed from
	October :	26. 1898	8 91 13 26 36	h is said
5. DATE OF BIRTH (month, day, end year) 7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 8:00 Pm.	11 12 2010
35 10	19	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or particular			were as follows:	olonset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Home Wo	rk	Melicion on Subgroupes	5
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			(-	
10. Date deceased last worked at	11. Total i	time (years)	Has been at Ophlesville wited	
this occupation (month end year)	spe oce	time (years) ent in this upation	Safel othis tohen The Camo house	
2. BIRTHPLACE (city or town) Washi (State or country)	ngton Cp	unty	Other Coutributory Causes of importence:	
13. NAME John R. Fr	ench			
14. BIRTHPLACE (city or town) Wash (State or country)		ounty	Name of operation Date of Date of Was there an autopsy	.2
15. MAIDEN NAME Amenda	Pine		23. If death was due to external causes (VIOLENCE) fill In also the following:	1
15. MAIDEN NAME Amanda  16. BIRTHPLACE (city or town) Wa. s.h.		ountv	Accident, suicide, or homicide?	9
(State or country)	Md.		Where did injury occur?	
17. INFORMANT John R. Fr (Address) Ernstville	ench Md.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
8. BURIAL, CREMATION, OR REMOVAL Place Shanktown, N	d. Date Sep	t. 17 <sub>,19</sub> 34	Manner of injury	
9. UNDERTAKER Adrian H. (Address) Wagerstown			24. Was disease or injury In any way related to occupation of deceased?	>
20. FILED SOPY 16 1924	) with	Meell cer	(Signed) SW Mech (Address) Clear Chring Mido	M. D
If	bre blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUBLIAN V C			
		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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ARGIN RESERVED

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
00/8/1994	i				
Other contributory causes of importance: S.		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

certificate.

TION is very important. See instructions on back of

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1	12	Y'a	por	16	My
-	Ħ	3		73	W.
		0	-	0	-

1. PLACE OF DEATH		(118)
County Washi	ngton.	Registration Dist. No. 302
Village or City Hagersto  Length of residence in city or town where do	20	No. 47 Blooms Ave. St., Sward  (If death occurred in a horpital or institution, give its NAME instead of street and number)  mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
	les Gent.	
	Blooms Ave. (Usual place of abode)	St., 5 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE White:	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word Single.	21. DATE OF DEATHept 4 34 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	larch 1886	I last saw have alive on by 3, 19,3 %; death is said
7. AGE Years Months 48 5	Days If LESS tha	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Labor.	Acue Decahor Det 3,
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		af heart 3
10. Date deceased last worked et this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Balti (State or country) Md.	more	Other Contributory Causes of Importance:
La		
13. NAME Unkown.  14. BIRTHPLACE (city or town).  (State or country)	mown.	Name of operation Date of
L 15. MAIDEN NAME Unk	mown.	What test confirmed diagnosis? Was there en autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Unk  16. BIRTHPLACE (city or town) Un  (State or country)	iknown.	Accident, suicide, or homicide?
17. INFORMANT Clara (Address) Hagerst	Day own, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Rose Hill Ceme	toate Sept 7 ,19	Manner of injury
19. UNDERTAKER Fred W.KR (Address) Hagersto		24. Was disease or injury in any way related to occupation of deceased?
20. FILED 9-7-, 19.34-C	May Bow Registrar	exo(Signed) A. U. Willow M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Ä

-WRITE

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BURFATTVA					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	-------	-----	---------	------------	----	-----------

	D. Every item of infor-	SICIANS should state	tatement of OCCUPA-	
D	RECOR	. PHY	Exact s	
OR BINDING	S A PERMANENT	tated EXACTLY	roperly classified.	rtificate.
MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
V. S. No. 1	B.—WRITE PLÁINLY, WIT	mation should be carefull	CAUSE OF DEATH in pl	TION is very important.
, N	ż		-	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09508
1. PLACE OF DEATH	93-0
County Rashington	Registration Dist. No. 900
Village or City Mulitudan	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of to W where death occurred 44 yrs a mos	
2. FULL NAME Charles of Klyps	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR 99 RAGE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of Success & Brock	22. HEREBY CERTIFY That I attended deceased from
2 0 1 10 70	( ) Mortage Joseph 19
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	l last saw h alive on, 19; death is said to have occurred on the date stated abova, al 3. 20 P. m.
1 2 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profassion, or particular	were as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data daceased last worked at this occupation (month and specific property).	of from ( ) molardity. / yr
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	- Usurelan Filtellaham 1/42.
3 SAW MILL, BANK, etc	(Dyagnozet of allunding
this occupation (month and spant in this year) occupation	physicians)
12, BIRTHPLACE (city or town) fullerland Mcl	Other Contributory Causes of Importance:
(State or country)	Itale Delatation 4 Hart 9/4/34
13. NAME Flowed Gross	[ ]
14. BIRTHPLACE (city or town), Roccust - Brove In	Name of operation Data of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME WOULD MONTHON	23. If death was dua to extarnal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 1111 115. MAIDEN NAME 1111 1	occident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether Injury occurred in INDUSTRY in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury A Portouch
Place Date	Nature of Injury
19. UNDERTAKER	24. Was disease or Injury In any way related to occupation of decaased?
(Address) Challes Was	If so, specify ff of
20, FILED 8/5- 1934 Ecce Benjue	(Signed) Wallu H. Jugary M. D.
Registrar.	(Address) S. françois de la company de la co

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Example I		Example II				
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago			
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			
	*					

U	9	5	0	9

1.	PLACE OF DE				CERTIFICATE OF DEATH  Registration Dist. No. 30	3		
					ng Ndistrict St.	Ward		
				(1)	death occurred in a hospital or institution, give its NAME instead of street and num  ds. How long in U.S. if of foreign birth?	ber)		
2.		Florenc						
		o. Shady B			St., Ward.			
	PERCONAL	AND STATISTI	(Usual place		If nonresident give city or town and Sta	ite		
3. SE	X 4. C	olor or RACE White	5. SINGLE, MAR	RIED, WIDOWED,  O (write the word)	21. DATE OF DEATH September 20,	93.4·		
5a. If	married, widowed, or HUSBAND of (or) WIFE of	divorced			22. I HEREBY CERTIFY, That I attended dec	eased from		
6. DA	TE OF BIRTH (month	, day, and year) Se	pt. 30,	1878	i last saw alve on 24 2 , 1974; d	eath is sai		
7. AG		Months 11	Days 10	If LESS than 1 day,hrs. ormin.	to have occurred on the dete stated above, at 5 : 45 A m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	ate of onset		
	9. Industry or busine work was done, SAW MILL, BAI 10. Deto deceased last this occupation	worked at (month and	11. Total ti	me (years)	Anuma Stomach	1977		
12. B	IRTHPLACE (city or to (Stete or country)	wn) Washin		unty	Other Contributory Causes of importance:			
E L	13. NAME Dav	id H. Gse	11					
FATHER	14. BIRTHPLACE (city (State or count		klin Co Pa	unty	Name of operation Date of Whet test confirmed diagnosis? Was there an auto			
HER	15. MAIDEN NAME	Mary E. S	mith		23. If death was due to externel causes (VIOLENCE) fill in also the following:			
15. MAIDEN NAME Mary E. Smith  16. BIRTHPLACE (city or town) Washington County (Stete or country) Md.  17. INFORMANT Mrs. Henry Parmer,			ld.		Accident, sulcide, or homicide?			
17. 10	(Address) Ma	ugansvill	e, Md.					
18. B	urial, cremation, o	spring, N	Idmie Sept	. 23,19 3	Manner of injury			
19. U		drian H.		9	24. Was disease or injury in any way related to occupation of deceased?	v		
20. F	ILED A CO.	3., 19.34	Charles .	Registrar.	(Signed) Sulfa fulls (Address) Agricultur the	M.		

of more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923		1 year	

V. S. No. 1

STATE	OF	MARYI	AND-	CERTIFI	CA	TE	OF	DEATH
-------	----	-------	------	---------	----	----	----	-------

1. PLACE O	F DEATH			(131)	
CountyV	Vashington			Registration Dist. No.	02
	city Hagersto	Wn		NWashington County Home St	5 Ward
			')	death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of res	sidence in city or town where			ds. How long in U.S. if of foreign birth?yrs	nosds.
2. FULL NA		Harvey			
(a) Reside	nce: No. Washing			St., 5 Ward.	
PERCO	NAL AND STATIS	(Usual place		If nonresident give city or town an	d State
3. SEX	4. COLOR OR RACE		RRIED, WIDOWED,	21. DATE OF DEATH	
Male	White	OR DIVORCE Sing	D (write the word)	September 4,	193 <u>4</u> (Year)
5a. If married, wido HUSBANO of (or) WIFE of	wed, or divorced			22. I HEREBY CERTIFY That I attended	
			1858	I last saw live on 1975 5 , 1934	
	(month, day, and year) ears Months	l Oavs	I If LESS than	to have occurred on the date stated above, at_10_9m.	g_ , ucatii is said
76			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
Trede, prof	ession, or particular		i otiniii.	Che. Tuyora dites	Date of onset
SAWYE	work done, as SPINNER, R, BOOKKEEPER, etc	Farme	r	Cha Welluitis	3
Q work w	business in which as done, as SILK MILL,				
SAW MI	ILL, BANK, etcsed last worked at	I 11 Tatal	time (years)	-	
11113 000	upation (month and	sps sps	ent in this		
				Other Contributory Canses of importance:  Myse and al Failers	charle
12. BIRTHPLACE (c)		ngton C	ouncy	myocasaias valleis	731/3
	Henry Harve			· · · · · · · · · · · · · · · · · · ·	
E	7	Jnknown		Name of operation	
(State	CE (cily or town) or country)	DITOTION IN THE		What test confirmed diagnosis? Pless Ex Was there an	
15. MAIOEN N	AME Elizabet	h Mille	r	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIOEN N	E (city or town) Fre	ederick	County	Accident, suicide, or homicide? Oate of Injury	
₹ (State o	or country)	Md.		Where did Injury occur?	
17. INFORMANT	G. B. Haugh	1.		(Specify city or town, county and St Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC P	ate) LACE.
(Address)					
	TION, OR REMOVAL	7/12 0	L 7 7 1	Manner of injury	
Place	learspring,	MODate DE D	19 24	Nature of injury	
19. UNOERTAKER _	Adrian H. H	Rowland,		24. Was disease or injury in eny way related to occupation of deceased?	200
(Address)	Hagerstown	Mds	19	If so, specify	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
20. FILEO 9-	1- 1934et	Mark	Some	(Signed) (Signed)	
		11/1	Registrat	(Address) Total GRANTOWNA	und

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



If more blanks are needed, addre & State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

ARGIN

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsu 1 week ago 1921 Run over by street car Chronie interstitial nephritis 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09512
1. PLACE OF DEATH	107-a
County Washing of on	Registration Dist. No. 306
Village or City Smithsburg	NoSt., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
	TISOTI.
(a) Residence: Np. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED,	21. DATE OF DEATH
Terrale White Didowed	Jepl 30,1934
5a. If married, widowad, or divorced	(Month) (Day) (Year)
(or) WHE of Charles John Son	22. f HEREBY CERTIFY, That I attanded deceased from
m. 1 0 10/0	10 10 3 4 2 5 19 3 4
6. DATE OF BfRTH (month, day, and year)  7. AGE Years   Months   Days   If LESS than	I last saw h
714 1 day,hrs.	to have occurred on the data stated above, at 4-0-3-cmf.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	ware as follows:
kind of work done, as SPINNER, House Labor	Alexandra Constitution of the start of 30
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date daceased last workad at this operupation (month and	assillated large our 1 725
SAW MILL, BANK, etc.	Prince tack (29 300) Hart
Sport in this	11/3 9
year) Sept. (4.34 occupation 60	Other Contributory Causes of Importance:
12. BfRTHPLACE (city or town) 11 1 5 TSK 11 8 (State or country)	Bronder P snewper & Lost
	27
	1934
(State or country)	Name of operation
E 15. MAIDEN NAME Mary Histor	What test confirmed diagnosis? Was thara an au'opsy?
I .	23. If death was dua to external causas (VIOLENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide?
17 INFORMANT CLATTIE GAYEN	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Smiths burg.	openis whether injury occurred in INDUSTRI, III HOME, OF IN PUBLIC PLACE.
f8. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Church Hell Date VCT. J. 1934	Nature of Injury
19. UNDERTAKER O.T. K. Gladibell	24. Was disease or injury In any way related to occupation of daceasad?
(Addrass) Middletown, Md.	If so, specify
20. FILED (Oct 12 1834 ) Sent Eyem	(Signad) M, D.
locel Registrar.	- (Address) friendles bassa' mand
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

ż

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	1000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	PACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
--------------	------	-----	----------------	------------	----	-----------

	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
•	I RECORD.	Y. PHYSI	Exact stat	
SINDING	ERMANENT	EXACTL	classified.	e.
FOR 1	SISAP	stated	properly	certificat
TARGIN RESERVED FOR BINDING	VG INK-THIS	AGE should be	that it may be	ons on back of
IARGIN	H UNFADIR	y supplied.	ain terms, so	See instructi
•	PLAINLY, WIT	ould be carefull.	F DEATH in pl	very important.
V. S. No. 1	N. BWRITE	mation sh	CAUSE	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09513
1. PLACE OF DEATH	(108)
County (1) ashinglow	Registration Dist. No. 302
Village or City / a q Effection	No. 923 W. Wash - St., 2 Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
	f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Quina 6.	Musou
(a) Residence: No. 923 W. Mash	St., 2 Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE , 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	9 7 193 4
tia Married widowed or diverted	. (Month) (Day) (Yéar)
(as) White of Willow S. Joluso	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 70 / 21 /841	I last saw bue alive on 5 > 1974; death is sain
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
86 6 /5   1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked at this occuration (month and the second in this sec	Breumonin (Feber) 9/01
9. Industry or business in which work was done, as SILK MILL,	1/39
SAW MILL, BANK, etc	-
11. Total time (years) this occupation (month and year) year) 11. Total time (years) spant in this occupation	
-11 - K	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
	anly
E I link	
14. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME EULINA  16. BIRTHPLACE (city or town)  (Chata or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT COMPACTOR CONTROL OF BOTH CADDRESS Hagerstown and	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 1 1 2 Date 1 1 19 32	Nature of injury
19. UNDERTAKER CUSSITORIS (Address)	24. Was disease or injury in any way related to occupation of deceased?
9-10 34 Charles -101	(Signed) Ew Della 7 M.
20. FILED 19 Registrar.	(Address) by such my
If more blanks are needed address State Registrar	

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Cerebral hemorrhage BUREAU	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	(210-m) ZA 2-
County // USN 1 NOTEN	Registration Dist. No.
Village or City YOU CYSTOWN.	No. Wash Co HOS 10: Yal st, 3 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long In U. S. if of foreign birth?yrsmosds.
2. FULL NAME James Muxxay	Teeler
(a) Residence: No. 218 Summit AV	≥ −St., Z Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Day) (Year)
5a. If married, widowed or divorced HUSBAND of	
(or) WIFE of Sahah-	22. I HEREBY CERTIFY. That I attanded deceased from
6. DATE OF BIRTH (month, day, and yeld of 17- 1889.	i last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
44 11 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
3 Trada, profession, or particular kind of work dona, as SPINNER, Correction SAWYER, BOOKKEEPER, atc	
SAWYER, BOOKKEEPER, atc  9. Industry or business in which work was done, as SILK Multiple Compact C	Contractore accident;
work was done, as SILK MILD O Tomac Edism Co	Death July mostly from shock. Deceded
10. Date daceased last worked at this occupation (month and year) spent in this occupation (control occupation)	Tracks - shall - Cad a tal. Casalla en-
year) SCAT STU-SIT   occupation 2 413	Other Contributory Canses of importance;
12. BIRTHPLACE (city or town) Linchester	
(State or country)	
13. NAME ) a wes 13. Reeler  14. BIRTHPLACE (city or town) W: nchester	
14. BIRTHPLACE (city or town) W. nches tey (Stata or country)	Nama of operation Date of
# 15. MAIDEN NAME OMACH DVO TCACY	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME (ONCY ) VOTCKCY  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Decidents Data of injury, 19
(Stata or country)	Where did injury occur? near Boanshora, Washington Co. md
17. INFORMANT MYS J. W. Kealer,	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CRAMATION, OR REMOVAL	In Juffice place - Olante # 40.
Place Mc Maur Ceu Dato Sent 11- 1934	Manner of injury
AK ON MARK	Nature of injury
19. UNDERTAKER (Address) 14.4	24. Was diseasa or injury In any way related to occupation of deceased?
4-10- 34 64116010000	(Signed Walter E. o. hite Act, aroner M.
20. FILED 1960 T. Registrar.	(Address) Boarsboro Made

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDGELL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	10		
	1.7		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BX	PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09516
1. PLACE OF DEATH	The second secon
County A arlying low	Registration Dist. No. 30 2
Village or City Coloratal Falls.	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME ada V. / Paller	ds. How iong In U.S. it ot toreign birth?yrsmosds.
(a) Residence: No.	CA Ward
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Formule 9. COLOR OR RACE S. SINCLE, MAGNED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Day) (Yeer)
5a. It married, widowad, or divorced HUSBANO ot (or) WIFE of A Cabraham / Colubration	22. HEREBY OFRTIFY. Thet, attended placeased from
9 1.7 1877	1931 to 111 1932
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the data stated above at. D. m.
5 7 / 1 day,hrs.	The BRINCIPAL CAUSE OF DEATH and redited eauses of importance
8. Trade, protassion, or particular	Pere as follows: Date otonset
kind ot work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	SUMANIATI CANDIA 1981
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and	1 1 20 1 1 1 2 2 3 1 2 1 2 1 2 1
10. Oate deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Pelaskia, Va.	Other Contributory Causes of importance:
(State or country)	
13. NAME & M Call.  14. BIRTHPLACE (city or town) Placing Va	
(State or country)	Name of operation
15. MAIDEN NAME Dent / Line	What tast confirmed diagnosis?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicida, or homleida? Date of injury
May N. V.	Where did injury occur?  (Specify city or town, county and State)  Spacify whethar Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
(Addrass) Smutty our Md R.Fis	Space, whethat injuly occurred in MOUSTRY, in HOME, OF IN PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Date Jack Jack Jack Jack Jack Jack Jack Jack	Natura of injury
19. UNDERTAKER Selv. By 1400 Miles	24. Was disease or injury in eny way related to occupation at decaasad?
20. FILED 9-22-, 1934 67/1/30cces Registrar.	(Signad) M. O. (Addrass) OW M. O.
If more blanks are needed, address State Registrar,	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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BUREAU V. S.	L.			
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	an training and			
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Gallstones	May 1,1923	Gastroenteritis	1 year	

PLACE OF DEATH	STATE OF MARYLAND
County / Yash uylow	CERTIFICATE OF DEATH
WITHIN COMPOSATS LIMITS OF	Registration Dist. No. 30 2
Village or City Stylesly (No. 32	25 Franklin 4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME soundle C	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A COLOR OR RACE SINGLE, MARRISO, WIDOWEDT OR DIVERSED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Lef 7 193	198 4 to 192, 192
(Month) (Day) (Year)	that I last saw halive on, 192,
TAGE Shee born   If LESS than   day hrs.   d	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yrs,mosds.
9 BIRTHPLACE (State or country) / fusers bown hul	Contributory Secondary  (Duration) mosds.
11 BIRTHPLACE OF FATHER (State or country) Merceus buy Pu	(Signed)
of MOTHER Sovered Guesfird  13 BIRTHPLACE OF MOTHER (State or Country) Clearstry had	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)  At place In the State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Honard Losler  (Address) Hugers lower my	Former or usual residence
Filed 9- 1- 1923 4 16 Has f Course Registrar	Honard Lorla Hyperstone
If more branks are needed, address State Registrate	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No.

N. B.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. or given up on account of the DISEASE CAUSING DEATH. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, or At Home, and children, For many occupations a single word or term on yrs). without more precise specification as Day Cotton mill; (a) Salesman, (b) Grocery; For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-Architect, Locomotive engineer, not gainfully em-The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shook," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles, ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

E (

V. S. No. 1

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1. PLACE OF DEATH	MAK	I LAND	CERTIFICATE OF DEATH 09520
County Washington			Registration Dist. No. 3//.
Village or City Near Dam	#4		**
		6 (1	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deet	th occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / OCC	1	ma	ttle
(a) Residence: No. West Vi	rginia (Usual place	of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
female white		RIED, WIDOWED, ) (write the word)	21. DATE OF DEATH 18 Th
5a. If merried, widowed, or divorced			(Month) (Dey) (Yeer)
HUSBAND of (or) WIFE of XXXXX			1 HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, end year) May	18, 1	930	I last sew h. L.V. alive on Sept 17, 1934; death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the dete steted above, at 2 p m,
4 3		I day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows
8. Trade, profession, or perticular kind of work done, es SPINNER.	2020		Date of onset
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	none		oliomyelitis slept 10
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc			Q
Kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupetion (month and yeer)	11. Totel ti	me (years) It In this pation	
12. BIRTHPLACE (city or town) West Vir	ginia		Other Contributory Causes of importance:
13. NAME Clarence Mat	tle		
			No. of continu
14. BIRTHPLACE (city or town) (State or country) West Vi	rginia		What test confirmed diegnosis aboratory Was there an eutopsy?
	aney		What test confirmed diagnosis
15. MAIDEN NAME Mary Ch. 16. BIRTHPLACE (city or town) (State or country)	W-1-1-1-tm	msport	Accident, suicide, or homicide?
Mrs Percy Cha	nev	alopo z v	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL			Manua of Latino
PlaceBakersville Md	Date Sept	.19 ,19 34	Manner of injury
Albert Leaf			
19. UNDERTAKER Williamsport	1 Vo	0	24. Was disease or injury in eny wey related to occupation of deceased?
20. FILED Sept. 19., 1934. 4.5	D. 101	Registrar.	(Signed) aneron M. D.  (Address) A aerstown M. D.
If more blan	nks are needed. a		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MADVIAND\_CEDTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
110011115				
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

V. S. No. 1

M

	RE-CO 3
-	Registration Dist. No. 302
20	No
3.	death occurred in a horbital or institution, give its NAIVIE instead of street and number) ds. How long in U. S. If of foralgn blrth?yrsmosds,
	mcha-lell
-	V. C. A. D. Ward
4	St., Ward.  If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
1	(Month) (Day) (Year)
	1 HEREBY CERTIFY, That Lattended deceased from
	I last saw h. 1934 death is said
-	to have occurred on the data stated above, at
	The PRINCIPAL CAUSE OF DEATH end related causes of importance
	Date of onest
1	3754
	·····
-	
1	
-	Other Contributory Causes of Importance:
-	acute trancho-fueumonia terminal)
_	General asteriof ocherosis
4	( tour )
-	Name of operation Date of
-	What test confirmed diagnosis?
-	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso tha following:  Accident, suicide, or homicide? Accident Date of Injury 9/20, 1934
-	
	Where did Injury occur? Lt home Hagestine, Md.  (Specify city or to byh, county and State) Specify whethar injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
-	Home.
	Menner of injury Fell on floor at home.
	Nature of injury Frature of Lesser
Î	24. Was diseesa or injury In eny way related to occupation of deceased?
	If so, specify
1	(Signad) M. S. Stauffer M. D.
7	(Address) Itageratorily Mid-
	N Chalacta D L' P N Clark

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of dcath and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	BEFFUEDY	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	OCT 8 1914 F 4	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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STATE C	)F	MARYI	AND-	CERTIE	ICAT	F OF	DEATH
SINIL		MIVILI	AIYU	CERTII	ICA	LUI	DEAIL

09522

1. PLACE OF DEATH	(8)		
County Coastington	Registration Dist. No. 30 Z		
Village or City Haguelow Md. (1)	(A. J. )		
	If death occurred in a hospital or institution, give its NAME instead of street and number)		
	sds. How long in U.S. If of foreign birth?yrsmosds.		
2. FULL NAME Infant MC 9 and	trah		
(a) Residence: No. Hages stores 200	, or war		
(Usual piace of abode)	( St., Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
made (11:4. OR DIVORCED (write the word)	Dept 3 193 4		
5a. If married, widowed, or divorced	fionth) (Oey) (Yeer)		
HUSBANO of (or) WIFE of	22. 1 HEREBY CERTIFY, That Jattended deceased from		
Sugar	Nept 3 1934 to left 3 1934		
6. DATE OF BIRTH (month, dey, and year)	I lest sew harm alive on Age 3 , 1934; deeth is said		
7. AGE Years Months Days If LESS than	to have occurred on the date stated shove, at 2:15 A.m.		
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance		
8. Trede, profession, or particular	were as follows: Oate of onset		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	PI		
9. Industry or business in which	Junalur		
work wes done, as SILK MILL, SAW MILL, BANK, etc	W. Mr. Come of to		
10. Dete deceased last worked at this occupetion (month and spent in this	moves wer exemple.		
this occupetion (month and spent in this occupetion	eclamptic		
12. BIRTHPLACE (city or town). Lagranton	Other Contributory Causes of Importence:		
(State or country) ( Jash & Co. M	-		
# 13. NAME James M& Part 1			
13. NAME 14. BIRTHPLACE (city or town)			
4 14. BIRTHPLACE (city or town)	Name of operation Dete of		
W 15. MAIOEN NAME Mania	Whet test confirmed diegnosis? Was there an eutopsy?		
I The state of the	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:		
5 16. BIRTHPLACE (city or town) 10th Lena C	Accident, suicide, or homicide? Date of Injury, 19		
(State of Country) Wresh Co. Md.	Where did injury occur? (Specify city or town, county and State)		
17. INFORMANT Clarence W. Murty	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		
(Address) Hegustown R.			
18. BURIAL, CREMATION, OR REMOVAL  Place Onle S & 3 134	Manner of injury		
Place Oale Oale O., 199 4	Nature of injury		
19. UNOERTAKER ( ) . O . Dast York	24. Was disease or injury in eny wey related to occupation of deceased? 20.		
(Address) Soongowy, Md.	If so, specify		
20. FILEO. 9-3- 1934 blood formerso	(Signed) W. Wan A M. D.		
Registrar.	(Address) Bomplovo		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	il	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
064 2 2				
Maria V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			I	

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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i	Example II		
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset  1 week ago 1 week ago	
1915	Attack of epilepsy		
1921	Run over by street car		
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:	9	
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:	

V. S. No. 1

VI. 184-ery rustally	STATE OF MARTLAND	-CERTIFICATE OF DEATH 119521
Village or City. Rough of residence in city or fown where degth occurred to a hospital or institution, give in NAME intended of steet and number).  2. FULL NAME  (a) Residence: No. Clustipline gipthods  PERSONAL AND STATISTICAL PARTICULARS  3.SEV  4. COLOR OR BASE  B. SINGLE, MARRED WIDDOWD, OR DIVENCED Convention where the weed on the city of steet and steet and number).  B. DATE OF BIRTH (month, day, and year)  VIII SEED TO BIRTH (month, day, and year)  Days  1 (LESS base)  1 (ANY C., BODNECHE (e. etc. S) (months)  S. Individual Convention where as simple control of the stated above, st. J. D. m.  1 (Base and Convention where the weed)  Days  1 (LESS base)  1 (ANY C., BODNECHE (e. etc. S) (months)  SAW (SILL BARK), st. S.  1 (D. Date General City or town).  SAW (SILL BARK), st. S.  1 (D. Date General City or town).  SAW (SILL BARK), st. S.  1 (Sille or country)  What test confirmed diagnosis?  What test confirm	1. PLACE OF DEATH	92-0)
Length of residence in city or form where death occurred to a hospital or individually size in NAME intended of neet and number)  2. FULL NAME  (a) Residence: No.  (b) Residence: No.  (Charle-loce pid-hole)  PERSONAL AND STATISTICAL PARTICULARS  3.515  4. COLOR OR BASE  S. SINGLE, MARRIED WIDOWED  OR DIVERCE Committe the world)  OR DIVERCE Committe the world  OR DIVERCE Committed  1. HE REBY CERTIFY, That I sitended decessed from the world of the world on the date stated above, etc., I. P  1. List saw h. L. silve on. J. Left.  1. List saw h. L. silve	County Washington	217
Length of residence in city or form where death agourried. D.ys	Village or City. Ra all Notorio	No. 17.1 King St . 2 Ward
2. FULL NAME  (a) Residence: No. 2. (Usalphee phodes)  PERSONAL AND STATISTICAL PARTICULARS  J. SSV 4. COLOR OR BASE OR DEVOKEED (Usalphee phodes)  II married, widowed, or divorced (Or ) WIFE of OR ) VORCED (Usalphee phodes)  II married, widowed, or divorced (Or ) WIFE of OR ) VORCED (Usalphee phodes)  II married, widowed, or divorced (Or ) WIFE of OR ) VORCED (Usalphee phodes)  II married, widowed, or divorced (Or ) WIFE of OR ) VORCED (Usalphee phodes)  II married, widowed, or divorced (Or ) WIFE of OR ) VORCED (Usalphee phodes)  II married, widowed, or divorced (Or ) WIFE of OR ) VORCED (Usalphee phodes)  II married, widowed, or divorced (Or ) WIFE of OR ) VORCED (Usalphee phodes)  II married, widowed, or divorced (Or ) WIFE of OR ) VORCED (Usalphee phodes)  II married, widowed, or divorced (Or ) WIFE of OR ) VORCED (Usalphee phodes)  II married, widowed, or divorced (Or ) WIFE of OR ) VORCED (Usalphee phodes)  II married, widowed, or divorced (Or ) WIFE of OR ) VORCED (Usalphee phodes)  II married, widowed, or divorced (Or ) WIFE of OR ) VORCED (Usalphee phodes)  II married, widowed, or divorced (Or ) WIFE of OR ) VORCED (Usalphee phodes)  II married, widowed, or divorced (Or ) WIFE of OR ) VORCED (Usalphee phodes)  II married, widowed, or divorced (Or ) WIFE of OR ) VORCED (Usalphee phodes)  II married, widowed, or divorced (Or ) WIFE of OR ) VORCED (Usalphee phodes)  II married, widowed, or divorced (Or ) WIFE of OR ) VORCED (Usalphee phodes)  II married, widowed, or divorced (Or ) WIFE of OR ) VORCED (Usalphee phodes)  II married, widowed, or divorced (Or ) WIFE of OR ) VORCED (Usalphee phodes)  II married, widowed, or divorced (Or ) WIFE of OR ) VORCED (Usalphee phodes)  II married, widowed, or divorced (Or ) WIFE of OR ) VORCED (Usalphee phodes)  II married, widowed, or divorced (Or ) WIFE of OR ) VORCED (Usalphee phodes)  II married, widowed, or divorced (Or ) WIFE of OR ) VORCED (Usalphee phodes)  II married, widowed, or divorced (Or ) VORCED (Usalphee phodes)  II married, widowed, or divorced (Or )		(If death occurred in a hospital or institution, the its NAME instead of street and number)
(a) Residence: No.  (Ushalphee Shoods)  PERSONAL AND STATISTICAL PARTICULARS  3. SIX	7/1/11. 18 1/	ds. How long in U.S. if of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS  3.515  4. COLOR OR BASE S. SINGLE, MARRIED WIDNOWD, OR DIVORCED (unive the word)  5. LIMBERT OF DEATH  4. COLOR OR BASE S. SINGLE, MARRIED WIDNOWD, OR DIVORCED (unive the word)  6. DATE OF DEATH  7. AGE Vests Medical Color of divorced Widnowd, day, and year)  7. AGE Vests Months Days 11 LESS than 1 day, hrs. of. min. 1 he PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: SAW MILL, BANK, etc.  9. Industry or business in which it. SAW MILL, BANK, etc. 10. Date descended and worked at this exceepablic (month and year)  12. BIRTHPLACE (city or town)  13. HAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. Siste or country)  What test confirmed diagnosis?  What test confirmed diagnosis?  What test confirmed diagnosis?  What test confirmed diagnosis?  Specify whether Injury occurred in INDUSTRY, in 10ME, or In PUBLIC PLACE (Side or Country)  15. DURAL CREAM-TOWN OR REMOVAL Place  16. DURCH AKER ACIDENT OR REMOVAL Place  17. INFORMANT  18. DURAL CREAM-TOWN OR REMOVAL Place  18. DURAL CREAM-TOWN OR REMOVAL Place  19. Augustum  19. UNDERTAKER  (Address)  19. Was disease or injury in any way related to occupation of deceased?  17. INFORMANT  (Caddress)  18. DURAL CREAM-TOWN OR REMOVAL Place  (Sigle or Country)  19. UNDERTAKER  (City or town)  19. Was disease or injury in any way related to occupation of deceased?  19. Manner of injury Nature Nature of injury Nature Nature Nature Nature Nature Nature Nat	2. FULL NAME ////////////////////////////////////	research
PERSONAL AND STATISTICAL PARTICULARS  J.ST.  4. COLOR OR BASE  OR DAYNER  OR DAYNER (without the world)  A. Harried, widowed, or divorced  Wind the state of the		
3. SEX   4. COLOR OR BASE   5. SINGE, MARRIED, WINDOWSD   7. AGE		
50. If married, widowed, or divorced (vor) wife of Wier of Wife of Wif	3. SEX 4. COLOR OR BASE 5. SINGLE, MARRIED WIDOWED	21. DATE OF DEATH
22. I HEREBY CERTIFY, That I attended deceased from the surprise of (or) wife of (o	Jewale Moles to OR DIVORCED (write the word	193
6. DATE OF BIRTH (month, day, and year)  8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOXKEPER, etc.  10. Birther Recessed last worked at this secupation (month and securation (month and secu	Sa. If married, widowed, or divorced	(Month) (Day) (Year)
E. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than to have occurred on the date stated above, at	(or) WIFE of 7/ Baland More 1.7	22. I HEREBY CERTIFY, That I attended deceased from
7. AGE  Years  Months  Days  If LESS than I day. mins. or min.  8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOUNKEPPER, etc. min.  9. Industry or business in which work was done, as SILK MILL, saw, etc.  10. Date decessed last worked at year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. Informant  (Address)  18. BIRTHPLACE (city or town)  17. INFORMANT  (Address)  18. Date decessed last worked at year)  (Address)  19. Industry  Manner of operation.  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE  (Signed)  Manner of injury  Name or operation of decessed?  Manner of injury  Name or injury in any way related to occupation of decessed?  Manner of injury  Name or injury in any way related to occupation of decessed?  Manner of injury  Name or injury in any way related to occupation of decessed?  Manner of injury  Nature of injury	find the following	10 Vap. 1, 1934, to Vefo 2, 1934
8. Trade, profession, or particular sind of work done, as SPINNER, SAN MILL, SAN MILL, BARK, etc.  10. Date deceased last worked at this occupation (month and service) spant in this occupation (state or country)  12. BIRTHPLACE (city or town) Sulfation (state or country)  13. NAME State or country)  14. BIRTHPLACE (city or town) Sulfation (state or country)  15. MAIDEN NAME State or country)  16. BIRTHPLACE (city or town) Sulfation (state or country)  17. INFORMANT Spantal (REMANDANT Spantal Country)  18. BURIAL, CREMANDANT Spantal Country (Specify city or town, country and State)  19. UNDERTAKER Shuffler (Spantal Country) Spant in single or town, country and State)  19. UNDERTAKER Shuffler (Spantal Country) Spant in single or town, country and State)  19. UNDERTAKER Shuffler (Spantal Country) Spant in single or town, country and State)  19. UNDERTAKER Shuffler (Spantal Country) Spant in single or town, country and State)  19. UNDERTAKER Shuffler (Spantal Country) Spant in single or town, country and State)  19. UNDERTAKER Shuffler (Spantal Country) Spant in single or town, country and State)  19. UNDERTAKER Shuffler (Spantal Country) Spant in single or injury in any way related to occupation of deceased?  19. UNDERTAKER Shuffler (Signed) Shuf		I last saw here alive on left. 2 , 1934; death is said
8. Trade, profession or particular kind of sorts done as SPINNER, Security of business in which wave as follows:  SAWYER, BONKEEPER, etc.  9. Industry or business in which was saw with the Bonkeeper at the security of business in which was as follows:  10. But deceased last worked at the security of t	The state of the s	
S. Frade, profession, or particular in the control of the control		mere as follows.
12. BIRTHPLACE (city or town).  13. NAME  14. BIRTHPLACE (city or town).  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  17. INFORMANT  18. BURIAL, CREMATION OR REMOVAL  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  20. FILED.  10. The Contributary Causes of importance:  Other Contributary Causes of import	Z 8. Trade, profession, or particular	Date of oneet
12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION OR REMOVAL  Place  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. FILED  (Address)  (Specify city or town)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Specify  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Specify  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Address)	SAWYER, BODKKEEPER, etc.	Lerous Valouear Dreas
12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION OR REMOVAL  Place  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. FILED  (Address)  (Specify city or town)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Specify  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Specify  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Address)	9. Industry or business in which work was done, as SILK MILL.	or Heart will & Youth
12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION OR REMOVAL  Place  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. FILED  (Address)  (Specify city or town)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Specify  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Specify  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Address)	SAW MILL, BANK, etc.	X protable Consequel
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  (Address)  20. FILED  Other Contributary Causes of Importance:  Other Contributary Causes  Name of operation.  Other Contributary  Name	spent in this /	In Thromposis 24 ms
(State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED  10. TILED  11. INFORMANT (State or country)  11. UNDERTAKER (Address)  21. INFORMANT (Specify city or town, county and State) Name of operation.  What test confirmed diagnosis? Was there an au'opsy?  22. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  15. Specify (Signed)  M. D  Registrar. (Address)  M. D  Registrar. (Address)  M. D  Registrar.	year) occupation occupation	Other Contributary Causes of importance;
13. NAME   14. BIRTHPLACE (city or town)   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   17. INFDRMANT   18. BURIAL, CREMATION, OR REMOVAL   Place   19. UNDERTAKER   (Address)   19. UNDERTAKER   (Address)   20. FILED   19. UNDERTAKER   (Address)   21. UNDERTAKER   (Address)   22. Under the content of		
14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  20. FILED  19. UNDERTAKER (Address)  20. FILED  10. MAIDEN NAME  11. MAIDEN NAME  12. Manual diagnosis?  Was there an au'opsy?  23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?  Date of injury  Where did Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  M. D  Registrar.  (Address)  Manner of Address)  M. D  Registrar.  (Address)  M. D  Registrar.  (Address)  Masser of injury in any way related to occupation of deceased?  M. D  Registrar.  (Address)  M. D  Registrar.  (Address)  Masser of injury in any way related to occupation of deceased?  M. D  Registrar.  (Address)  Masser of injury in any way related to occupation of deceased?  M. D  Registrar.  (Address)  Masser of injury in any way related to occupation of deceased?  M. D  Registrar.  (Address)  Masser of injury in any way related to occupation of deceased?  M. D  Registrar.  (Address)		7
What test confirmed diagnosis? Was there an au'opsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  20. FILED  19. UNDERTAKER (Address)  20. FILED  19. What test confirmed diagnosis? Was there an au'opsy?  21. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury  Where did Injury occur?  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify (Signed)  M. D  Registrar. (Address)  Manner of injury  Accident, suicide, or homicide?  Accident, su	II 13. NAME OURS. A. Delle	
What test confirmed diagnosis? Was there an au'opsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  20. FILED  19. UNDERTAKER (Address)  20. FILED  19. What test confirmed diagnosis? Was there an au'opsy?  21. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury  Where did Injury occur?  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify (Signed)  M. D  Registrar. (Address)  Manner of injury  Accident, suicide, or homicide?  Accident, su	14. BIRTHPLACE (city or town) Swith freezy	Name of operation
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  20. FILED  10. THED  21. INFORMANT  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  (Address)  24. Was disease or injury In any way related to occupation of deceased?  If so, specify  (Signed)  (Signed)  (Address)  M. D  Registrar.  (Address)  M. D  Registrar.	(State or country) Ma	What test confirmed diagnosis? Was there an au'opsy?
Where did Injury occur?    17. INFORMANT   Specify city or town, county and State)   Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.    18. BURIAL, CREMATION OR REMOVAL   Place   Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.    Manner of injury   Nature of injury	15. MAIDEN NAME Mary Hoberser	
Where did Injury occur?    17. INFORMANT   Specify city or town, county and State)   Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.    18. BURIAL, CREMATION OR REMOVAL   Place   Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.    Manner of injury   Nature of injury	0 16. BIRTHPLACE (city of town) Smithbury	
Specify city or town, county and State   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.    Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.    Manner of injury   Nature	∑ (State or country)	
18. BURIAL, CREMATION, OR REMOVAL Place DESCRIPTION Date 9.4., 1924  19. UNDERTAKER 24. Was disease or injury In any way related to occupation of deceased?  (Address) 1934 1944 1944 1944 (Signed) (Signed) Manner of injury  20. FILED 1934 1944 1944 1944 1944 1944 1944 1944	17 INFORMANT VI. B - Mereditta	(Specify city or town, county and State)
Place 1994 Date 1,1994 Nature of injury 1.1994 Nature		and the state of t
Place	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
19. UNDERTAKER  (Address)  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)	Place 100 4 ENTLOSUM Date 14	
20. FILED. 1934 6 Market Secret (Signed) (Address) Magazine Mg. D. (Address) Magazine Mg.	Para Site & Porce	
20. FILED 9-4 , 1934 Sound (Signed) State page M. D. Registrar. (Address) Haguslows Mg.		
20. FILED 1. 19 19 19 19 19 19 19 19 19 19 19 19 19	9-11 Fill Wheell	
	,	m

CEDTIFICATE OF DEATH

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	The second second second	1915	Attack of epilepsy	1 week ago
Chronic interstitial ner	phrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCT 8 1934	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	eauses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

•	County Washington	3	02
		Registration Dist. No.	3
	Village or City 19 22 Common (If	death occurred in a horpital or institution, give its NAME instead of street and	Wa Wa
	Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmo	)s
2	FULL NAME alice M	eller	
	(a) Residence: No Bertelly Spring	st., W. Wald a.	
and the latest terminal termin	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. 9		21. DATE OF DEATH	
1	OR DIVORCED (write the word)	9 18	193 4
10.	If married, widowed, or divorced	(Month) (Day)	(Year)
	HUSBAND of (or) WiFE of	22. I HEREBY CERTIFY, That I attended to	deceased 1
6. I	DATE OF BIRTH (month, day, and year)	I last saw how alive on Dest. 10 1934	; death is
7. A	AGE Years Months Days If LESS than	to have occurred on the data stated above, at 10:10Pm.	
	/5 // 2.5   1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	0-11-
z	8. Trada, profassion, or particular kind of work done as SPINNER	Myasthema Brans	2 M
E	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		0
OCCUPATION	9. industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc	Coralis Degeneral Garde	24
000	10. Data deceased last worked at this occupation (month and year)		
-	Bod low Ilai	Other Contributory Causes of Importance:	
12.	BIRTHPLACE (city or town) (State or country)		
ER	13. NAME Tilon B. Twiller		
I	14. BIRTHPLACE (city or town)	Name of operation HOLL Date of	un
FAT	(State or country)	What test confirmed diagnosis?	Il'onev 2
HER	15. MAIDEN NAME Lewas Large aster	23. If death was due to external causes (VIOLENCE) fill in also that following	
6	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	
Σ	(State or country) Thoraca,	Whera did Injury occur?	
17.	INFORMANT MA B. Willer W. 12 (Address) Resease Spring W. 12	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18.	BURIAL, CREMATION, OR REMOVALE . W. Va 2	Mannar of Injury	
	Place Berling frage Data 1/13,1935	Nature of injury	r
19.	UNDERTAKER Establisher House (Address) Have story Jud.	24. Was disaase or injury in any way related to occupation of decaased?	w
20	FILED 9-11- 1934 Charft Bowle	(Signed) h. Horan Meger	
0.70	Registrar.	(Address) Lyngenden, Uhr	

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage.	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF County	ashington			(12	Registration Dist.	No. 3 (	1
Village or Git	William	sport	Md	No.57 5	enton who	2St.,	War
Length of residen	ce in city or town where (	death occurred	TITE	death occurred in a holpital of	institution, give its NAME inste	ad of street and i	
2. FULL NAM	Laura V	irginia	Miller				
(a) Residence:	9			St., Ward.		1-0	
		(Usual place of			If nonresident give ci		I State
	COLOR OR RACE	5. SINGLE, MARE		21. DATE OF DEA	AL CERTIFICATE OF		
female	white		(write the word)	ZI. DATE OF DEA	oepu, 1	9,1934 (Day)	_, 193 (Year)
e. If married, widowed, HUSBAND of	or divorced			22. I HER	EBY CERTIFY, T	hat I attended	deceased fro
(or) WIFE of	Janorious	Miller		5-487 19	1934 to Sel	2 19	193.5
. DATE OF BIRTH (mo	nth, day, and year)	lept, 19	, 1854	i last sew to alive	000 101	1934	; death is sa
. AGE Years	Months	Days	If LESS than	to have occurred on the da		m.	
80	XX	XX	I day,hrs. ormin.	The PRINCIPAL CAUSE Of were as follows:	F DEATH and related causes of i	mportance	Date of onse
8. Trede, profession kind of work sawyER, BG SAWYER, BG Work was de SAW MILL, 10. Date deceased 10. Da	OKKEEPER, etc.	Housewor	k	Curtain	tis acut	2	9/19/3
work was do	iness in which ne, as SILK MILL, BANK, etc	home					-
		11. Total tip	me (years) t in this pation ] ife				-
12. BIRTHPLACE (city o	Maryle			Other Contributory Canses	of Importance:		
(State or country				able	meritis a	cule	9/18/
13. NAME SE	muel Cril	ley		(-)//			1/
13. NAME S8	ty or town) Frede	ric Co M	d	Name of operation		Date of	
	Maria St	ıman			osis? Mouse,		
	ty or town) - Fred	erick Co	Md	Accident, suicide, or homic	rnal causes (VIOLENCE) fill in al		•
				Where did injury occur?	(Specify city or town, urred in INDUSTRY, in HOME, o	county and State	te)
(Address)	John Mille Williamspo			Specify whether injury occi	uned in Moustkt, in nome, o	I III PUBLIC PL	AUE.
18. BURIAL, CREMATIO	OR REMOVAL	) L U		Manner of Injury			
Place _ W-1-1-1	iamsport-1	ddDate Sep-	t 2219-34	Nature of injury	•		
I S. WINDER PARKET	lbert Lead		, , ,	24. Was disease or injury in	n any way related to occupation o	of deceased?	40
(Addies	21,134	0 8 4	26.6	(Signed)	Mayondallean		Ο M.

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Example I	6	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUDEAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURSET V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	<u> </u>		

ADDITIONAL SPACE FOR FURT	ER STATEMENTS BY PHYSICIAN
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V. S. No. 1 m

item of infor-

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 09528
1. PLACE OF DEATH	(81)
County W A hunglon	Registration Dist. No. 302
Village or City Lagelatown	No. S OS CAR JUST (War If death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Lewis Breamond My	ofley
(a) Residence: No. FOS Qak Kill	auck 5 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DLYORGED (write the word)	21. DATE OF DEATH Sight 11 (193 4 (Tear)) (Tear)
is. If merried, widowed, or divorced HUSBAND of (or) WIFE of  Common of Marketine  With the second of the second o	22. I HEREBY CERTIFY Thet I ettended deceesed from
DATE OF MINE ( 1 2 1 8 6 0	1   1   1   1   1   1   1   1   1   1
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Deys If LESS then	to have occurred on the dete steted above, at 12.42 m.
74 7 28 1 dey,hrs.	
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc	James 2: The Jak
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Dete deceased lest worked et business representation (month) and the common of the	Maderdanty Bern 3 foot
10. Dete deceased lest worked et this occupation month and spent in this occupation.	Jection) ganglack & in
12. BIRTHPLACE (city or town). Naguatown (State or country)	Other Contributory Causes of importence:
13. NAME  14. BIRTHPLACE (city or town)  (Stete or country)  15. NAME  16. M. Wholly  16. Stete or country  17. Stete or country	Neme of operetion
15. MAIDEN NAME Exten C. Carner	23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Excent Carrier  16. BIRTHPLACE (city or town) Magnatown  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Chan & Milly (Address) Hagerathyan M.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Laggistown Md Date Syl 13, 1974	Menner of injury
19. UNDERTAKER Scott 7. Minual ISon	24. Wes disease or injury in eny way releted to occupation of deceased?
(Address) Ragaratynyn Ma	If so, specify
20, FILED 9-12-1934 Charff Bours	(Signed) M. C. M. C. M. C.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis = C = 1 1 = C	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OCT 8 1654			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 0953
1. PLACE OF DEATH	(82 ma)
County Washington	Registration Dist. No. 307
Village or City Weventon	No. St. W
	(If death occurred in a hospital or institution, give its NAME instead of street and number)  osds. How long In U.S. if of foreign birth?yrsmos
9 (1) 79 11 19	now long in 0.3. If of foreign birth?
2. FULL NAME A I CHAL I WILLY M	vou.
(a) Residence: No. (Usual place of prode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH ()
male White Or Divorced (write the word)	SHOT 20 193 4 (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That I attended deceased f
9 1 1 1 10 10 11	7 198 4 to \$ 0 , 198
DATE OF BIRTH (month, day, and year)	I last saw harman alive on 1995; death is
AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at, m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
0 d     d l   ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Broker Bookkeeper, etc.	
skind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and specific properties).	tenher Fem 9/20
work was done, as SILK MILL, AS A COLUMN TO THE SAW MILL, BANK, etc.	1/2
10. Date deceased last worked at this occupation (month and spent in this,	
this occupation (month and year) spent in this occupation #9 41	
2. BIRTHPLACE (city or town)	Other Contributory Causes of importanca:
(State or country) Som Jales Monor mol	Orhio Veleson
13. NAME John hipore	
13. NAME John Moore  14. BIRTHPLADE (city or town)	Nama of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Jackson	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary gochason  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury19
(State or country) Morganol	Where did injury occur?
7. INFORMANT MAA, MITT, Moore (Address MCener ton Jerice)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CROWATION, OR REMOVAL	Manner of Injury
Place Marjas burg Ind Date & yot 20, 1934	Nature of Injury
9 h Barbles	
9. UNDERTAKER (Address) Bolivas, 11,1/A,	24. Was disease or injury In any way related to occupation of deceased?
alle de de la de	(Signed)
10. FILED DEPLE 212, 1934 Cornelius N. Castle	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis A 3 3 3 4 1	3 days ago
		Section 20 to 10 to September	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year .

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PI	HYSICIAN
	4 6 4 5



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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
(3)			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.-WRITE

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ZIT.	ion	SE	Z is
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
	/		1

STATE OF MARYLAND—CERTIFICATE OF DEATH (1953)

	1. PLACE OF	F DEATH				UI
	County	Washington			Registration Dist. No.	2
		Hagerst	OWN		No.441 Church Street	
				50	f death occurred in a hornital or institution give its NAME:	mber)
	Length of resid	dence in city or town whare o	death occurred	yrsmos	ds. How long in U.S. If of foreign birth?yrsmos.	ds.
:	2. FULL NAM	WE Anna E	. Myers			
	(a) Residence	ce: No. 441 Ch	urch St		St., S Ward.	
-	BERCON	AL AND OWNER	(Usual place		If nonresident give city or town and St	ate
-	SEX	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
	'emale	White		RIED, WIDOWED, D (write tha word)		93 4
5e.	. If merried, widowe HUSBAND of					(Year)
	(or) WIFE of	Simon S.	Myers		22.   HEREBY CERTIFY That I attended da	ceased from
6.	DATE OF BIRTH (	month, day, and yaar)	11-4	-1861	1 last saw han aliva on 2 1934;	daath is said
7.	AGE Year		Days	If LESS than	to have occurred on the data stated abova, at 2:00 A m.	
	72	5   3		I day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importenca were as follows:	
NO	8. Trada, profass kind of w	sion, or particular ork dona, as SPINNER, BOOKKEEPER, atc	Uome wa	n]e		Date of onset
ATI	9. Industry or b	usiness in which	Home wo	ĽK	1	
UP	Work was SAW MILL	done, as SILK MILL, L, BANK, etc.			templegia -	
OCCUPATION	10. Date decease		II. Total ti	ima (yaars) nt in this	4.0	
-	year)		0001	petion	Ohbas Contribution Comments	
12.		or town)Washing	ton Cow	aty	Other Cantributory Causes of importance:	
~	(State or count	10.01.0			artero-selerosis	
FATHER		uther Mille:				
FAT	14. BIRTHPLACE	(city or town) Wash:		County	Name of oparation Date of	
_	(Stete or o		Md.		What test confirmed diagnosis? Was there an auto	psy?
HE		E Eliza Nea:			23. If death was due to external causes (VIOLENCE) fill in also tha following:	
MOTHER	16. BIRTHPLACE (State or	(city or town)Wash:	ington.	County	Accident, suicide, or homicide? Date of injury	., 19
			Md		Where did injury occur? (Specify city or town, county and State)	
17.		Simon S. M	yers,		Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18.	(Addrass) BURIAL, CREMATI	Hagerstown	· Ma.			
		adfording, 1	Mda Sep	t.5 .034	Mannar of injury	
				, 1922.	Nature of Injury	
19.	UNDERTAKER	Fred W. Kra			24. Was disaase or injury in any way related to occupation of deceased?	
	(Muniess)	Hagerstown	Ma		If so, specify	
20.	FILED 7-4	, 1924 ph	ref 1/200	reis)	(Signed) Manufactures	
			/ /	Registrar.	(Address) Pozuotam. M	4

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial menhritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago 1552 BITABATT Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL SPACE FOR FURTHER	<b>STATEMENTS</b>	BY	PHYSICIAN
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STATE OF M	ARYLAND—	CERTIFICATE OF DEATH	000
1. PLACE OF DEATH	·	(8)	
County ( trashington	7-	Registration Dist. No.	.5
Village or City Cap town where death occur		St., death occurred in a horpital or institution, give its NAME instead of street and s  ds. How tong in U.S. if of foreign birth? yrs	
	+ not	Tion long in 0.3. If of foraign biltingyrsyrs	350:
2. FULL NAME To ans	1 lucy		
(a) Residence: No. (Ust	alplace of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR D.  Tennale (white)	E, MARRIED, WIDOWED, VORCED (write the word)	21. DATE OF DEATH RESET 9	, 193 4 (Year)
5a /If marriad, widowad, or divorcad	7	(02)	
(or) WIFE of	٤	Deset 9 1034 . Real of	deceasad from
6. DATE OF BIRTH (month, day, and year)	1 0 1024	Hastraw & aliva on Rept 9 1934	: death is sai
	ys If LESS than	to have occurred on the date stated above, atm,	, 00011110
-   -	_ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	
2 8. Trade, profession, or particular			Date of onse
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	TVQ	DT:AP!	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc.  1D. Date dacaasad last worked at		fillworn.	
1D. Date dacaasad last worked at	Totaf time (years)		
O this occupation (month and year)	spent in this occupation		
12. BIRTHPLACE (city or town) Mary B	rouston	Dther Centributory Causes of importanca:	
(State or country) Coracle.	Co., md.	,	
13. NAME & Edward	lety.		
14. BIRTHPLACE (city or town)	ustro	Name of oparation Data of	
(State of country)	Co. Md.	What test confirmed diagnosts? Was there an a	utopsy?
15. MAIDEN NAME Soldie	ackson.	23. If death was due to external causes (VIOLENCE) fill in also the following	:
16. BIRTHPLACE (city or town) Majed	Lulle	Accident, suicida, or homicida? Date of injury	, 19
(Stata or country) Crusti	Ca. Mid	Where did injury occur? (Specify city or town, county and State	•)
17. INFORMANT Surard	nets o	(Specify city or town, county and State Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	10 19.2.	Manage of fallers	
Placa At. Home Dates	Sept. 10. 1934	Mannar of injury	
19. UNDERTAKER (1) W. Das	LX504	24. Wes diseasa or injury in any way related to occupation of deceased?	
(Addrass) Boonst	no mos	If so, specify file Define	
20, FILED Sest 10. 1934 (1) llear	a Chil	(Signad) W. dellap	M.
	Registrar.	(Addrass) 130 on stores.	
If more blanks are	eeded, address State Registrar, 2	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
FURBAU V. S.	Į į	National Control of the Control of t	,
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B

STATE OF MARYLAND-	CERTIFICATE OF DEATH 095	33
1. PLACE OF DEATH	- (IIa)	
county Was lung tone.	Registration Dist. No. 30	2
Village or City to Constantion		_Ward
Length of residence in city or town where deeth occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?	
7/ / 6 - 7/	'	
2. FULL NAME Mellene frue M		
(a) Residence: No. 8/ M. a. distance (Usual place of abode)	Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Your Park of Death (Your Park	54
5a. If married, widowed, or divorced	(month) (Day) (Te	361)
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended decease Sep T 1934, to 1971	
6. DATE OF BIRTH (month, day, and year)	I last saw h. S.V. alive on 8 2 P + 1 4 193 Y; deeth	
7. AGE Years Months Days If LESS than	to have occurred on the dete stated ebove, et. 9. m.	
4 20 7 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were es follows:	olonset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	A2120010 9/7	1/34
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked et this occupation (month end	7	
10. Date deceased lest worked et this occupation (month end year)  11. Total time (years) spant in this occupation		
12. BIRTHPLACE (city or town) 76 eggs tours (State or country)	Other Coutributory Causes of importance:  A = (1) + (1) + (2) + (1) + (2) + (1) + (2	31134
13. NAME Colias Norvis	Indiantion	k!
13. NAME COLCAS MOTOR STATE OF THE SAVAJE (State or country)	Neme of operation Dete of What test confirmed diagnosis?	2
W 15. MAIDEN NAME PHOLOSOPER, Biggs	23. If death wes due to externel ceuses (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Waytha & nery 16. BIRTHPLACE (city or town). Wash es	Accident, suicide, or homicide? Dete of injury, 15	9
S (State or country)	Where did Injury occur?	
17. INFORMANT Chas Lyris. (Address) 80 Zuades an Cut	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATJON, OR REMOVAL	Menner of injury	
Place Sagenstown Date 9/17, 19 3		
19. UNDERTAKER BULLETER LOWS	Nature of injury 24. Was disease or injury in any way related to occuration of deceesed?	
(Address) - tagent trong and	If so, specify	
20. FILED 7-1-, 1954 Mart Journ Registrar.	(Signed) X Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	4	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1534
1. PLACE OF DEATH	935	
county Washing ten	Registration Dist. No. 30	5
Village or City Joons bora	No. Fahrnay Men. Home St.	Ward
	death occurred in a hospital or invitation, give its NAME instead of street and nu ds. How long In U.S. if of foreign birth? yrs. mos.	
2. FULL NAME Mangaret R. Mun	amaker	
(a) Residence: No. Formey Memor; al Home (Usual place of abode)	St., Ward.  If nonresident give city or town and St	lale ·
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Sent 16.	193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. Start HEREBY CERTIFY, They I attended da	icaasad from
6. DATE OF BIRTH (month, day, and year) 1 00 6-1853	Hast saw her alive on Deat 161 1934.	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12 m. n- w	
8 1 5 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profassion, or perticular kind of work done, as SPINNER.		Date of onset
SAWYER, BOOKKEEPER, etc.		
work was done, as SILK MILL, SAW MILL, BANK, etc	popular.	
Solution of the state of the st	<i>(f - 1 f </i>	
12. BIRTHPLACE (city or town) Sysem Casele  (State or country)	Other Coatributory Causes of Importance:	
	Curous myorasaus	1924
14. BIRTHPLACE (city or town) 19 TO TOWN	Neme of operation Date of	
(State of country)	What test confirmed diagnosis? Was there an aut	opsy?
15. MAIDEN NAME Cuth Swisher	23. If death was due to axternal causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME Cuth Swisher  16. BIRTHPLACE (city or town). Up town  (State or country)	Accident, suicide, or homicide? Date of Injury	, 19
∑ (State or country)	Where did injury occur? (Specify city or town, county and State)	******
17. INFORMANT CLEN David R. Pelre (Address) San-may. W.d.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL CREMATION, OR REMOVAL Date Sept 18, 1934	Manner of injury	
19. UNDERTAKER A - K. Carruay (Address) Hagerstown, Wid	24. Was disease or injury in eny way related to occupation of deceased? 2	26:
20. FILED John 17, 1984 Colland Registrar	(Signad) . W. Allan (Addrass) . Boo noboro,	M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCT 5 1634	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones	4	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH	STATE OF MARYLAND
County / Distr wife	CERTIFICATE OF DEATH
WITHIN GURPORATE LIMITS OF	Registration Dist. No. 302
Village or City Hyerron (No. 73	St.: Ward) (If death occurred is a hospital or institution, give its NAME in
2FULL NAME Jung anne ce Oh	etel frager steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH Sefe 15, 1934	17 I HEREBY CERTIFY, That I attended the deceased from 192
(Month) (Day) (Year)	that I last saw h alive on, 192
FAGE Shel for IfLESS than I day hrs.  yrs. mos. ds. or min.?	and that death occurred on the date stated above, at
8 OCCUPATION	724
(a) Trade, profession or particular kind of work	Olano
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrsmosde.
9 BIRTHPLACE (State or country) / fusculur wee	Contributory Secondary  (Durstion)  yrs mos ds
10 NAME OF Jane. A. Pagne	(Signed) Q. G. Sylve M. D.
OF FATHER (State or country) Joyens hown hel	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Snewmarthy	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER OF MOTHER	ients or Recent Residents)  At place In the of deathyrsmosds. Sisteyrsmosds.
(State or Country) (   Country   Cou	Where was disease contracted, if not at place of death?
(Informant) 77 G Payers	Former or usual residence
(Address) Hues hower	Premis Date of Burial OR REMOVAL DATE OF BURIAL DEF- 15 . 193 L
Filed 9-11- 19254 Chalf Boccost	20 UNDERTAKER ADDRESS ADDRESS LUCIENTON
If more branks are needed, address State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1165.25

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) additional line is provided for the latter statement; it age. . For many occupations a single word or term on cupation is very important, so that the relative health-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or At home. Care should be taken work, or At Home, and children, not gainfully emnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, etc., Foreman, to know (a) the kind of work and also (b) the yrs). Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-But in many Grocery,

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

RECEI

approved by "Uraemia," "Weakness," etc., when a definite disease the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Examples: Accidental drowning; Struck by railway train "Exhaustion," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (secondary Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as or intercurrent) affection need not be cough; Chronic Committee on Nomenclature of the "Heart failure," "Senile," etc.), "Dropsy," failure," "Haemorrhage," etc. valvular heart disease; The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

19. UNDERTAKER

20. FILED\_

(Address)

1. PLACE OF DEATH	E OF	MAK	ILAND	—— 920 3	30
County Washingt Village or City Hage	rstown	0-		Registration Dist. No.  No. 231 Alexander St., St., St., St., St., St., St., St.,	Ward
2. FULL NAME Geo (a) Residence: No. 23		Purs	el.	St., Sward.  If nonresident give city or town and Sta	
PERSONAL AND ST	ATISTICA	L PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male  4. COLOR OR RACE White  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)				21. DATE OF DEATH Sept 17 (Month) (Day)	34 (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Willy  6. DATE OF BIRTH (month, day, and year)	e Purs		856.	22. I HEREBY CERTIFY: That I attended dec Sept 15, 19, 19, to 12, 16 I last saw h Malive on Lept 16, 1934; d	
7. AGE Years M 77 1	onths 1	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at6	ate of onset
8. Trade, profession, or particular kind of work done, as SPIN SAWYER, BOOKKEEPER, etc 9. industry or business in which work was done, as SILK MII SAW MILL, BANK, etc	.L,	11. Total ti	ima (years) ht in this	Influenza	Sept 16
12. BIRTHPLACE (city or town) (Stata or country)	Per	ina	pation	Other Contributory Causes of importance:  Chronic  Endo Cardilis	1920
H 13. NAME William 14. BIRTHPLACE (city or town) (State or country)	Pen	na		Nama of operation	ppsy?_}\
15. MAIOEN NAME Unknown  16. BIRTHPLACE (city or town) Unknown.  (State or country)				23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	, 19
17. INFORMANT Mrs Geo W. Pursel  (Address) Hagerstown.  18. BURIAL, CREMATION, OR REMOVAL  Place Vellvue Cemet Data Sept 19, 1934		Manner of injury			
10 HADEDTAKED	Fred W	. Kra	iss.	24. Was disease or Injury In any way related to occupation of deceased?	1 2

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Registrar.

If so, specify (Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RIIDEAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year
			4-5

1. PLACE OF DEATH

Dr. norment

That I attended deceased from

Date of onset

Registration Dist. No.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RUDEAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH U9538
1. PLACE OF DEATH	(31)
county Nashunghow	Registration Dist. No. 302
Village or City 26 africtions	No. V 28 Ce. 6 Lucrely St., 5 Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Sussel B. Ren	I dal
(a) Residence: No. 52 & 6 & 6 Lulo	V St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Grice the word)	21. DATE OF DEATH
remare while the down	(MonNI) (Day) (Yeer)
5a. If merriad, widowed, or divorced	22.   HEREBY CERTIFY, That i attended deceased from
MITE of James M. M. Negrobly	22. I HEREBY CERTIFY. That i tended deceased from
6. DATE OF BIRTH (month, day, and year)	Hast saw h - Cr affive on 9/8 19 3 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, et 6, 30 dm.
62 0 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Chronic Endo Cardetto Date alonsot
SAWYER, BODKKEEPER, etc.	chrine replitio.
0 10. Date deceased last worked at 9 11. Total time (years)	
this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town) Thanksbury	Other Coatributory Causes of importance:
(State or country)	
13. NAME Millard Survely	
13. NAME Millard Survey  14. BIRTHPLACE (city or town) Sharpolicy	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Wary Llattle present	23. if deeth was due to external ceuses (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) hashsbury	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT LEVER REGISTRAL (Address) 52 8 1/4 6 husely St.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place ACR GENTLOSIE Date 1/1/, 1934	Nature of injury
19. UNDERTAKER Eugliter & Louis	24. Was disease or injury in any way related to occupation of deceased? 2/A
(Address) Hageryton, ind	If so, specify
20, FILED 9-10-1934 6 hast Bowa	(Signed) le los Billieller M.D.
Registrar.	(Address) hagen stown Md.
16 U. L 11 11 C p .	31 A) 1 A B 11

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Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	061 8 1934	July 5,1927	Peritonitis	3 days ago	
	BURELLIN				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

ARGIN

S. No. 1

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Example I	-	Example II	
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	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
<u> </u>			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARY	AND-CERTIFICATE	OF DEATH
---------------	-----------------	----------

60	a	1	A	0
U	J	U	-	0

10	PLACE O	F DEATH	i			(95-8)	
	County	Washir	ngton .	· Alexander		Registration Dist. No 4	30 2
	Village or (	Ha	gerst	Wn.		No. 40 N. Cannon Ave. s	t 3 Ward
		ony				death occurred in a hospital or institution, give its NAME instead of stree	et and number)
	Length of res	sidence In city	or town where o	leath occurred&	20_yrsmos	ds. How long in U.S. if of foreign birth?yrs	ds.
2.	FULL NA	ME Ma	x Sega	al.			
2.		40	N. Ca	annon Av	re.	St. 3 Ward.	
	(a) Resider	nce: ND		(Usual place		If nonresident give city or tow	vn and State
	PERSON	NAL AND	STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEA	TH
3. SE	X	4. COLOR	OR RACE	S. SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DEATH	
,	Male	Whi	te	OR DLYORCE	D (write the word)	Sept 20	193 34
				Tribe 1 3	L.Cu.	(Month) (Day)	(Year)
5a. ii	HUSBAND of			2 00 7		22. I HEREBY CERTIFY. That I att	ended deceased from
	(or) WIFE of	To k	ster Se	sgar .		15 Ep 20 , 1934, to Sap. 2	U 1934
e D	TE OF BIRTH	(manth day a		Feb. 16.	1879		D; death is sald
7. AC	ATE OF BIRTH	ars	Months	Days	If LESS than	to have occurred on the date stated above, at 6 P.M.	,
** 110		55	6	4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	e
				<u> </u>	ormin.	were as follows:	Date of enset
Z	8. Trade, profe	ession, or parti work done, as	SPINNER, H	ree &	stock dea	ler.	
OCCUPATION	SAWYER	R, BODKKEEPE	R, etc.	2100 0 6	300011 000	1 10 1 31	
JPA	9. Industry or work wa SAW MI	as done, as SIL	K MILL,			Cardio Vascular De	alda.
5	ID. Date decease			11. Total i	time (years)		core.
0	this occi	upation (month	n and	spe	ent in this upation	Mas dead when Danwag	
						Dther Contributory Causes of importance:	
12. E	BIRTHPLACE (C	ity or town)	Rus	ssia			
-	(State of cor	and y)					
ER	13. NAME	Morris	s Sega.	<u>L</u>			
FATHER	14. BIRTHPLAC	E (city or town	")Rus			Name of operation Date of operation	te of
IL.	(State o	r country)	Hus	sla		What test confirmed diagnosis? Was the	ere an autopsy?
E 20	15. MAIDEN N	AME 1	Unknow	n		23. If death was due to external causes (VIOLENCE) fill in also the fo	illowing:
MOTHER						Accident, suicide, or homicide? Date of Injury_	
S	16. BIRTHPLAC	E (city or town or country)	')Ri	ussia		Where did Injury occur?	
						(Specify city or town, county a	ind State)
17. I						Specify whether injury occurred in INDUSTRY, In HOME, or In PUBI	LIG PLACE.
10 0	(Address) BURIAL, CREMA	Hager:	stown	Md.			
10. 0	DINIAL, CREWA	1 f Wo	Toma:	t nu Sei	pt.23,1934	Manner of injury	
	riace112L	م ماک اللہ ۔ ۔ طمعات	yuenie-	O-o Date 15-15-7	P.X.F. 19.9.1.	Nature of Injury	
19. 1	INDERTAKER	Fr	ed W.	Kraiss		24. Was disease or injury in any way related to occupation of decease	ed?
	(Address)	Hag	gersto	100	1	If so, specify	
20.	9-	22	346	MANAY	secosos	(Signed) Campbell	M. D.
ZU. 1	ILEU/		propolation of	The Water to a second	Registrar.	(Address) fagerstown	· IVI

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis - L L L	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	BY	PHYSICIAN
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Evamula I

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Suprall Y				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 09542
	No. 6 East Ve St., 4 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME (a) Residence: No. (Usual place of abode)	St., 4 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH S
HUSBAND of (or) WIFE of Mary E.	22. I HEREBY CERTIFY, That I attended deceased from 19, 19, 19, 19
6. DATE OF BIRTH (month, day, and year)   - 18 6	to have occurred on the date steted above, et
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and year)	Coronon occhision 93.34
12. BIRTHPLACE (city or town) S.M.I. The Source (State or country)  13. NAME Saac B. Shant  14. BIRTHPLACE (city or town) S.M. The Source (State or country)	Other Contributory Causes of importance:  Juple #2 Carelina Enthure  Name of operation Dete of
(State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	What test confirmed diegnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury Where did injury occur?
17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL  Piece 10 (1 x 50 um Date Set 15 13 4	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury
19. UNDERTAKER A. COXX may (Address)  20. FILED 7-6-1934 May	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Dete of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Land of the second				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

FOR BINDING

ARGIN RESERVED

V. S. No.

state infor-

should

OCCUPA-

19. UNDERTAKER

(Address)

1. PLACE OF

County\_ Village or Ci

STATE OF MARYLAND	CERTIFICATE OF DEATH 09543
DEATH	93.2
Vashington	Registration Dist. No. 301
in Sand man -7	death occurred in a hospital or institution, give its NAME instead of street and number)
dence In city or town where death occurred	ds. Now long in U.S. if of foreign birth?yrsmosds.
ME Jola Sheets	
ce: No. San Max (Usual place of abode)	St., Ward.  If nonresident give city or town and State
AL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
ed, or divorced	(man) (bay) (lear)
Eacob Spector	22. I HEREBY CERTIFY, Thet I attended deceased from
month, day, and year) Delury ary -201863	I last saw h. en alive on Roy 2 1, 1937; death is said
s Months Days / If LESS than	to have occurred on the date stated above, at
7/ 1 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
sion, or particular ork done, as SPINNER, BDDKKEEPER, etc.	Data otonset
ousinass in which done, as SILK MILL, L, BANK, etc	Chrose Myseashites 1928
d last worked at at a last worked at ation (month and spent in this spent in this	

What tast confirmed diagnosis? ..... Was there an eulopsy? 23. If deeth wes due to external causes (VIDLENCE) fill in elso the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of Injury\_\_\_\_\_ 19\_\_ Where did injury occur?\_\_\_ (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury Natura of injury 24. Was disease or injury in any way related to occupetion of dacaased? If so, specify

(Signod)

occupation .....

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

No. vi

N. B.--

Village or City To gest serv (No. Was	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  (1f death occurred in a hospital or institution, give its NAME in-
2 FULL NAME William Hein	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  Solution (Day) (Year)  12 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	Seal 15 134. Seal. 15 134
Maceurly 29 ,933	that I last saw h lang alive on Sept 15 , 1934
(Month) (Day) (Year)	and that dooth occurred on the date stated above, at S
If LESS than I dayhrs.	The CAUSE OF DEATH & wes as follows:
yrs	Cleute dysentery
s OCCUPATION (a) Trade, profession or	acute extarrhal dysentery lasting 3 days
particular kind of work  (b) General nature of industry	Cult Di
business, or establishment in which employed or (employer)	(Duration)yrsmos de,
9 BIRTHPLACE (State or country) Maga, Law	Contributory Secondary
DECEMBER 1	(Duration)
10 NAME OF SCALARY SANTH,	(Signed) M.D.
11 BIRTHPLACE	Dep. 1927 (Address) Ha justour w.
11 BIRTHPLACE OF FATHER (State or country) West Victor 12 MAIDEN NAME Sffe Horn Craker	*State the Disease Causing Doath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suiclant or Homicidal.
•	18 LENGTH DF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
18 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs, mos da. State,
14 THE ABOVE IS TRUE TO THE REST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) PI Cather	Former or usual residence. Adversoom MI
Wass ton T.D.	19 PLACE OF BURIAL OR REMOVAL   DATE OF BURIAL
(Address)	Shankyown, Md.   Sept 17,1934
Filed 9-17-18 4. 6 Kost 1 Jours	00 UNDERTAKER ADDRESS
Registrar	Fred W. Kraiss.   Hagerstown.
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Palto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments. it is necesthe first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. tired 6 yrs.). For persous who have no occupation business, that fact may be indicated thus: Farmer Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day As examples: (a) The material

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease, Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> conditions, such as "Astheuia," use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc.. of unqualified, is indefinite); Tuberculosis of lungs, mensymptomatic), "Atrophy," "Collapse," ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by rallway as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or misearriage as can be ascernained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsious," (secondary or Chronic interstitial nephritis, etc. The contributory Whooping .. (name origin; "Caucer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJUST "Debility" ("Congenital," "Scuile," etc.), cough; Never report mere symptoms or terminal intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease (Recommendations on state-"Anaemia" "Coma," Measles; (seeond-(merely "Соп-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09545
1. PLACE OF DEATH	@
County Washington	Registration Dist. No. 202
Village or City And I was made	ND. 2078. Franchen St. 4 Ward
(If Length of residence in city or town where death occurredyrsrpos	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
000	the OHIBOAN
2. FULL NAME paky hay fund	All 3 net.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) lept-, 14 1934	I last saw h alive on 54. 0 R 19 daath is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
Itiel bour 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.	Date of onion
Kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	700000000000000000000000000000000000000
work was done, as SILK MILL, SAW MILL, BANK, etc.	
D ID. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
I 13. NAME R. Piestone mile	
14. BIRTHPLACE (city or town) Hagus Tower Jud	Nama of operation Date of What test confirmed diagnosis?
15. MAIDEN NAME Virginia miller	23. If death was due to axternal causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Willyms part, ma	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Junes R. P. Smith (Address) 2078, Franklin St.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Date Date T, 19	Natura of Injury
19. UNDERTAKER	24. Was disease or Injury In any way related to occupation of deceased?
(Address)	If so, specify Poles + 122000
20. FILED J. 1924 Dlas J. Trace N. Registrar.	(Signed) M. D.  (Address) A Recent True True)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	OR	HY	23	
•	REC	. P	Exac	
NG	'E PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOR	should be carefully supplied. AGE should be stated EXACTLY. PHY	E OF DEATH in plain terms, so that it may be properly classified. Exact s	
INDI	RMA	XA	classi	
M	PE	回回	rly	ate
TARGIN RESERVED FOR BINDING	IS A	state	prope	is very important See instructions on back of certificate
0	HIS	pe	be	Ju
8	-	pine	may	Joek
SE	NK	sho	it 1	- uo
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County Washington				Registration D	ist. No. 3/	
Village Dr City Near Down	1		NoNo			
			near a second to the second to	( totolgii biitii:	yi3	_1110503
2. FULL NAME Mary Vi	rginia s	peaker	01 111 1			
(a) Residence: No.	(Usua) place	of abode)	St.,Ward.	If nonresident g	ve city or town	and State
PERSONAL AND STATIS	TICAL PART	ICULARS	MEDICAL C	ERTIFICATE	OF DEATH	
3. SEX 4. COLOR OR RACE Female white	5. SINGLE, MAI OR DIVORCE WIOW	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	Sept.		, 193
5a. If marriad, widowad, or divorced HUSBAND of	1 112011	ea		(Month)	(Day)	(Year)
(or) WIFE of William H	Speaker		S. S. 15	CERTIFY	1111	
	Jan. 2			19:34 10	yar. 73	./.
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Yaars Months			I last saw held alive on	115	W 192	: death is sal
72 8	23	If LESS than I day,hrs. ormin.	to have occurred on the date state The PRINCIPAL CAUSE OF DEAT were as follows:		of Importance	Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	Inval	id	1 A1 A. C			
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc			Cexhulls	Lusse	maus	1429
SAW MILL, BANK, atc	11 Total	tima (veare)				
this occupation (month and year)	spa occ	tima (years) ent In this upation				
Mar	yland		Dthar Contributory Causes of impo	ortanca:		
12. BIRTHPLACE (city or town) (State or country)			Daylo			
13. NAME Jacob Wol:	ford					
13. NAME JACOD WOLL			Name of operation	and P	Date of	
(Stata or country)	ryland		What test confirmed diagnosis?			
15. MAIDEN NAME Ellen Po	pp		23. If death was due to external cau			
15. MAIDEN NAME Ellen Po			Accident, suicida, or homicida?			
(State or country) Mal	yland		Where did injury occur?			
17. INFORMANT Resley E SI (Address) Williams		r.D.	Spacify whether injury occurred la	(Specify city or to n INDUSTRY, in HD₩	ewn, county and S E, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL			Manner of injury			
PBakersville Mc		t-27,19-34	Nature of injury			
19. UNDERTAKER Albert Les			24. Was disaase or Injury in any	ay related to occupat	ion of deceasad?.	
(Addrass) Willia	msport	e Md	If so, specify	$\sim$	·····	
20. FILED FEDT 37, 1934 X	0 01	01111	(Signad)	muleun	oulf }	3M
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	I E D	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	witts FIVE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	IRE	July 5,1927	Peritonitis	3 days ago
	W S	\\.		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		1		

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 89547
1. PLACE OF DEATH	(93-0)
County Washington	Registration Dist. No. 302
Village or City Washitown R & 5	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
= 1' 1 0 1 notet	The state of the s
2. FULL NAME Elychith & White	
(a) Residence: No. Meer Continue (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (were the word)  Ba. If married, widowed, or divorced	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sell 29-1858	I last saw her alive on Sept 27, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, a 1.30 A.m.
75 11 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	arlerio Sclerosio
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	(1+ y partinging +)
work was done, as SILK MILL, SAW MILL, BANK, etc.	my vearditis
SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Franklin 6	Other Contributory Causes of Importance:
(State or country)	1 20 60 0
13. NAME John Onhite	The state of the s
13. NAME John Onhite  14. BIRTHPLACE (city or town) Frenchin G.	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary & Bell	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Themplin W.	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT My Henge Salazer (Address) Greenland & a	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Glemestle Papate Sift 29, 1934	Manner of Injury
19. UNDERTAKER Seaft 7 Minnish VSAn (Address) Raquatoryn ma	24. Was disease or Injury In any way related to occupation of deceased?
20, FILED 9-27-, 1934 Shorthower	(Signed) M. D.  (Address) Age Stown M.D.
	2412 N. Charles Street, Baltimore, Requesting U. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

U	0	E	A	0	
U	J	U	T	0	

SIAIL OF MARTERIES	SERVIT OF BEATTI
1. PLACE OF DEATH	1000
county Washington	Registration Dist. No. 302
Village or City 26 a g Ends Month (If	No. St., Ward death occurred in a northead of natitution five its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME & olew J. Wills	
(a) Residence (No. 3.0. Bellie (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Was White Curaisette	21. DATE OF DEATH  (Month)  (Day)  (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of  Many W. Clicked	22. I HEREBY CERTIFY, That tettended deceased from
6. DATE OF BIRTH (month, day, and year) 7-eb. 4"/906	I last saw h Offen 19 193 4; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
min.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, Mechanist SAWYER, BOOKKEEPER, etc.	acceptain
kind of work done, es SPINNER, Mechanist SAWYER, BOOKKEEPER, etc.  9:Industry or business in which work was done, as SILK MILL. Francelula Cooperation (month and business) and this occupation (month and business) as spant in this country in the company of the c	Cushed & Jalling
10. Date decessed lest worked at this occupation (month and year)  11. Total time (years) spant in this occupation. 5 years	Reigner Factories
12. BIRTHPLACE (city or town) Fire dericht,	Other Contributory Causes of importance:  Accedent occurred during the construction of
(State or country)	an sirplane Culp
13. NAME William Wells	
14. BIRTHPLACE (city or town) And disch to (State or country)	Name of operation Date of What test confirmed diegnosis? Was there an au'opsy? Up
15. MAIDEN NAME Martha For	23. If death was due to external causes (VLOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? See Sell Date of injury 11. 19. 7.  Where did Injury occur? Buckliff Communications of the selling of the sel
17. INFORMANT The ary Us. Wiles	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 30 Billevue ave	+ airluld airplant & celon 19h all
18. BURIAL, CREMATION, OR REMOVAL Place A GENTLE UND Date 4/8, 193.4	Nature of injury Course Alley Course
19. UNDERTAKER ELister & Love	24. Wes diseese or injury in any way related to occupation of deceesed? Y LS
(Address) Hagewestour und	If so, specify July
20. FILED 9-17-, 18 34 6 Mass Hoeword. Registrar.	(Signed) Let A Py Joe Rober Colored (Address) Declared Py

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	_ \1	Example II	
The principal cause of death and related caus of importance were as follows:	e's Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis VIII	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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ED	HIS	be	be	Jo
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	WIT	efull	ld ui	ant.
	LY, WIT	carefull	IH in pl	ortant.
	INLY, WIT	be carefull	EATH in pl	important.
	PLAINLY, WIT	ould be carefull	F DEATH in pl	ery important.
	E PLAINLY, WIT	should be carefull	E OF DEATH in pl	is very important.
	RITE PLAINLY, WIT	ion should be carefull	USE OF DEATH in pl	IN is very important.
	-WRITE PLAINLY, WIT	mation should be carefull;	CAUSE OF DEATH in pl	TION is very important.
	B.—WRITE PLAINLY, WIT	mation should be carefully supplied. AGE should be stated E	CAUSE OF DEATH in plain terms, so that it may be properly of	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PER	mation should be carefull;	CAUSE OF DEATH in pl	TION is very important.

County	Washingt	on			Registration Dist. No.	0 2
Village or C	CityBig Pool			No		14.
				(If death occurred in a horpi	ital or institution, give its NAME instead of stree	it.,War et and number)
				mosds. How long	in U.S. if of foreign birth?yrs	mos,d
2. FULL NA	ME Frankl	in Alonzo	Zimmerma	n		
(a) Residen	ice: No. Big P	001, Md. (Usual place	,-,-,-	St., War		
PERSON	IAL AND STATIS			1 MED	If nonresident give city nr tow	
3. SEX	4. COLOR OR RACE		RRIED, WIDOWED,	21. DATE OF D		ГН
Male	White	OR DIVORCE	D (write the word)	ZI DATE OF D		193 4
5a. If married, widow HUSBAND of	ved, or divorced	Marrie	α		September 18 (Month)	(Yaar)
(or) WIFE of	Eliza P.	Zimmerman			REBY CERTIFY, That   att	ended decaasad from
				- July C	15 1984, to Selft	820,1935
6. DATE OF BIRTH (	(month, day, and year)		, 1855	I last saw Infecced a		3 daeth is sai
7. AGE 188	months	Days 14	if LESS than	10 11010 00001100 011 1111	e date stated above, at 11:30A.m.	
		14	ormin,	Mete 92 LOUIOM2:	SE OF DEATH and related causes of importance	Date of onse
kind of w	ssion, or particular vork done, as SPINNER, BOOKKEEPER, etc	Dadina		Mary	ens such of	-
9. Industry or	business in which	VOAT-LOG		- Morran	and guill	0. 7
		Mail Carr		- Value	7	24
11113 0000	ed last worked at pation (month and	Spe	ime (yaars) nt in this	/		
year)		000	upation	Other Contributory Can	uses of importance:	
12. BIRTHPLACE (cit (Stata or coun		n				
	Unita					
	Michael S. Z					
14. BIRTHPLACE (Stata or	(city or town)U	nknown		Nama of operation	Date	e of
1				What test confirmed dia		
C	Dellia				external causes (VIOLENCE) fill in also tha fol	
State or	(city or town) Fre	Md.	unty	El .	omicide? Date of Injury	, 19
				Where did injury occur	(Specify city or town county an	id State)
(Address)	Mrs. Eliza P		an	Specify whether injury	occurred in INOUSTRY, in HOME, or in PUBLI	IC PLACE.
8. BURIAL, CREMAT	ION, OR REMOVAL	ti.		Mannar of injury		
Place Shanktown, Md. Date Sept, 20 19 34		Nature of Injury				
9 UNDERTAKER	Adrian H Po	wland			ry in any way related to occupation of deceasa	12 /7 1
19. UNDERTAKER Adrian H. Rowland (Addiess) Hagerstown Md.			If so, specify _ A	deceasal of deceasal	)	
DI	14,19.34	1 n	1	(Signed)	18hman 17 (18)	rrv.
O. FILED	1. 7 19 (/	1 00 11	11/11/04	10.81100 John Branch	action of the second	

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12xample 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year